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UNFPA NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Comoros
Support for an interim population programme

Proposed UNFPA assistance:	$2.4 million
Estimated value of the Government's contribution:	To be determined
Duration:	Two years
Estimated starting date:	January 1995
Executing agencies:	Government of Comoros United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agencies:	Ministry of Foreign Affairs Ministry of Finance and Planning

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Comoros

Demographic facts

Population (000)		Average annual change (000)	
Total	653	Population increase	25
Males	331	Births	32
Females	322	Deaths	7
Sex ratio (/100 females)	103.0	Net migration	0
Urban	201	Annual population total (% growth)	3.50
Rural	452	Urban	5.56
Per cent urban	30.7	Rural	2.52
Population in year 2000 (000)	778	Crude birth rate (/1000)	45.2
Functional age groups (%)		Crude death rate (/1000)	10.2
Young child: 0-4	19.9	Net migration rate (/1000)	0.0
Child: 5-14	28.7	Total fertility rate (/woman)	6.50
Youth: 15-24	19.3	Contraceptive prevalence rate (% 15-44)	..
Elderly: 60+	3.9	Gross reproduction rate (/woman)	3.17
65+	2.4	Net reproduction rate (/woman)	2.62
Percentage of women aged 15-49	43.1	Infant mortality rate (/1000)	79
Median age (years)	15.6	Maternal mortality rate (/100,000)	..
Dependency ratios: total	104.1	Life expectancy at birth (years)	
(/100) Aged 0-14	99.3	Males	57.5
Aged 65+	4.8	Females	58.5
Agricultural population density (/hectare of arable land)	4.1	Both sexes	58.0
Population density (/sq. km.)	292	GNP per capita (U.S. dollars, 1992)	..

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1994. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support an interim population programme in the amount of $2.4 million, starting January 1995, to assist Comoros, a priority country for UNFPA assistance, in achieving its population and development objectives. The programme will cover the two-year period 1995-1996 in order to synchronize the next UNFPA programming cycle with those of UNDP and UNICEF (1997-2001) and to set the stage for more extensive activities during the next programme period.

2. The proposed programme of UNFPA assistance is based on: (a) the Government's population and development objectives as set out in its structural adjustment programme and particularly in the National Economic and Social Policy for 1994-1996; (b) the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission that visited Comoros in April 1994, which included extensive discussions with government officials, religious and community leaders, and representatives from non-governmental organizations (NGOs), United Nations agencies and other donors involved in population activities. The overall objective of the proposed programme is to assist the Government in lowering fertility, infant and maternal mortality rates, and in preparing for the formulation of a national population policy that is consistent with the country's socio-cultural environment.

3. Comoros is a small island nation, consisting of three main populated islands, in the Indian Ocean. The current population is estimated at about 650,000, but if the current growth rate, 3.5 per cent a year, is maintained, this will reach 780,000 by the year 2000. It is clear that the limited resources of the country cannot support such population growth over a sustained period. Already, there is serious environmental damage to and depleted fertility of agricultural land. Emigration, both internal and abroad, has become more widespread as the younger and better-educated parts of the population go elsewhere for better economic opportunities. Migration from the densely-populated island of Anjouan is particularly pronounced.

4. In spite of these increasing population pressures, the Government and people of Comoros do not yet consider the regulation of fertility as a necessity. The Government has not adopted a population policy, and the contraceptive prevalence rate is only 4 per cent among married women (having risen from 1 per cent in 1980). The country has high levels of maternal and infant mortality, and the educational and socio-economic status of Comorian women is low.

5. Prior to 1989, UNFPA provided some assistance for population activities on a project-by-project basis. In 1989, a five-year comprehensive population programme was approved in the amount of $4 million. Most of this was spent on maternal and child health and family planning (MCH/FP); data collection and analysis; and population information and education (IEC). In 1993, an evaluation of the programme found that the objectives had been much too ambitious for the Government's limited capacity for implementation. The programme was extended for an interim year through 1994. By the end of 1994, expenditures totalled about 85 per cent of the amount initially approved in 1989. The limited successes of this first population programme were the introduction of family planning services into the primary health care system and the beginning of the creation of awareness on the part of Comorian leaders of the importance of population in development.

6. The proposed programme would concentrate on improving reproductive health and family planning (RH/FP) services in 30 health facilities and in carrying out the IEC activities necessary to create a demand for modern contraceptive methods. A major goal would be to target religious, political and community leaders in order to gain their approval of RH/FP services and their support for responsible population policies generally. The programme would be closely coordinated with the World Bank's $16 million population and health project as well as with the work of other United Nations agencies and organizations and with the European Union, which are also providing support for RH/FP activities and for population and health programmes.

II. BACKGROUND

7. The published preliminary results of the 1991 census estimated the population of Comoros at 446,817. The PRSD mission estimated the average growth rate of the population between the 1980 and 1991 censuses at 2.7 per cent a year. The latest United Nations projections, however, indicate a population of 653,000, growing at a rate of 3.5 per cent a year. The total fertility rate is estimated by the United Nations at 6.5 children per woman and the birth rate at 45.2 per 1,000 live births. According to the United Nations, the infant mortality rate is around 79 per 1,000 live births. Recent national estimates indicate a maternal mortality rate of 500 per 100,000 live births.

8. The population is young (47.6 per cent is less than 15 years old) and predominantly rural (more than 70 per cent of the population lives in rural areas). Nonetheless, the proportion of the population living in urban areas continues to rise, increasing from 23.3 per cent in 1980 to 28.5 per cent in 1991.

9. In spite of the faster growth of the urban population, the number of rural residents is also increasing, which is putting pressure on the available arable land. The population density on such land is relatively high at 4.1 people per hectare. This is contributing to severe environmental problems such as soil erosion, ecological imbalances, and shortened fallow periods, among others.

10. Population density nationwide is high (averaging 240 inhabitants per square kilometre), but varies from island to island (Mwali, 84; Grande Comores, 204; and Anjouan, 446). It is highest on Anjouan, where it reaches 800 per square kilometre in some areas.

11. The island of Anjouan is a major source of emigration, especially to the rural areas of other islands, where migrants go in search of arable land, and to urban areas, where migrants go in search of work. The Government is trying, through the implementation of rural development projects, to slow such migration, but these efforts have not yet produced the desired results. The Government has not taken any action, however, to accommodate urban migrants, and this has resulted in the increasing insalubrity and insecurity of urban life. The concentration of migrants around two main cities (Moroni and Mutsamudu) has proved especially detrimental to living conditions there. Emigration to destinations outside the country generally involves males who are active and skilled and who usually go to France, Mayotte, Reunion, and countries in eastern Africa.

12. Comoros is classified as a least developed country. The economy, which is highly dependent on the agricultural sector and on external assistance, is deteriorating because of a low level of capital investment, a drop in prices of crops for export, a heavy external debt, and mounting fiscal deficits.

In an effort to deal with this crisis and to encourage economic growth, the country committed itself to implementing a structural adjustment programme. Nevertheless, possibilities for providing the minimum standards of health, education and employment to the extremely young population are limited. As a result, per capita income is decreasing, social services are declining, and unemployment and under-employment rates are high and rising. Government actions designed to promote the private sector have not yet produced tangible results.

13. Although access to health structures is, in theory, quite good, such health structures are often run down, poorly equipped and underutilized, especially those in rural areas. Staff are numerous, but are often inadequately trained and are concentrated in towns. Technical facilities exist only in two regional hospitals (Moroni, the capital; and Mutsamudu). In 1992, the Ministry of Health employed 73 medical doctors, 70 per cent of whom were expatriates; 89 midwives, only half of whom had been trained in family planning techniques; and 153 nurses trained in family planning. Only 25 per cent of the qualified medical and paramedical staff are in rural areas where more than 70 per cent of the population lives.

14. Although access to family planning services is also, in theory, quite good, only 4 per cent of married women use contraception. The low rates of acceptance are due in part to social, cultural and religious factors, as well as to the generally low quality of the services offered, the frequent absence and high turnover of staff, and the low morale and low skill level of staff. The choice of contraceptive methods is limited, with two methods dominating the mix: injectables (48 per cent) and oral contraceptives (43 per cent). Intra-uterine devices (IUDs) account for 4 per cent of contraceptive use, as does surgical contraception, which is generally used only by women with many children. Condoms are used mainly to prevent the spread of sexually transmitted diseases (STDs), and are distributed primarily in conjunction with the National Programme for AIDS Prevention, which was launched in 1990 with the assistance of WHO, UNICEF, the European Union and CARE. HIV/AIDS is not at present a problem but could pose a threat to public health, given the high prevalence of STDs in Comoros.

15. The Government has embarked on a restructuring of the health system that includes efforts to stimulate community participation in programme management and in carrying out cost-recovery schemes. This latter activity is being carried out with the assistance of the Community Development Support Fund (CDSF) financed by the World Bank. The Government has also formulated a national health development plan for the period 1994-2001, which contains demographic objectives aimed at reducing maternal mortality rates and promoting the use of modern contraceptive methods.

16. Education and literacy levels are relatively low, especially of girls and women. The 1980 census indicated that 50 per cent of the population was illiterate; by 1991 the situation had improved somewhat and the rate had dropped to 40 per cent. In 1992, the school attendance rate reached 70 per cent of the school-age population. Girls constitute 45 per cent of all primary-school students, but this rate decreases as students progress through the educational system. Young girls are compelled to do housework, and this prevents them from finishing primary school, especially in rural areas. As a result, 38 per cent leave school without having attained a minimum level of functional literacy. Approximately 73 per cent of Comorian women are said to be housewives. Of the other 27 per cent who work outside the home, 39 per cent work in the health sector. Training programmes initiated by the National Institute for Education (NIE) and by some development

associations are aimed at women in particular, but most involve traditional activities linked to domestic life and thus are not far-reaching enough to facilitate women's access to the productive sector.

17. The Ministry for Social Affairs, Women's Emancipation and Employment was established in 1994 to promote women's activities and to integrate women's concerns into socio-economic development projects. However, the Ministry's Directorate of Women's Promotion and Social Protection has yet to put together a comprehensive policy for women's advancement. The Ministry's work is made all the more difficult by the fact that many young girls from poor families marry very early and start having children from the age of 14.

18. The Government's development objectives, as set out in the National Document for Economic Policy and its letter of intention for the period 1994-1996, clearly indicate its commitment to improving human resources and developing an active policy to reduce the fertility rate and improve the quality of health and basic education by encouraging community involvement. Although the Government does not, at present, have an explicit population policy, it is strongly committed to formulating and implementing such a policy as a means of ensuring rapid and sustainable improvement in the quality of life. This commitment is a consequence of increasing recognition among a significant subgroup of the nation's political, governmental and religious leadership of the interrelationship between population and development and of the negative implications of the demographic situation for rapid and sustained development of the country. However, the institutional context is marked by a weak technical capacity which contributes to a lack of coordination of the population programme. As part of the structural adjustment programme, the Government has initiated administrative reform together with greater decentralization of decision-making to local levels. It also created in 1994 a Directorate of Population within the Ministry for Social Affairs, Women's Emancipation and Employment.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

19. Prior to 1989, UNFPA provided some $2.7 million in assistance to Comoros on a project-by-project basis. Such assistance was used, inter alia, to integrate family planning services into basic health care services; conduct the country's first population census in 1980 and analyse the data; organize seminars on Islam and family planning and on women, family and development; and establish an information, education and communication (IEC) programme in support of family planning.

20. In June 1989, the Governing Council approved a five-year, $4 million UNFPA country programme covering the period 1989-1993. Over three-fourths of the assistance went to MCH/FP ($1.3 million), data collection and analysis ($1.1 million) and IEC ($800,000). A 1992 programme review found that, while the programme had played a leading role in introducing family planning into the primary health care system and had contributed to creating awareness among religious and political leaders, it was too ambitious given the institutional capacity of the Government and the insufficient amount of funds set aside for the implementation of the programme. As a result, several projects had not been implemented, and the programme had not attained most of its objectives. The programme was therefore extended by one year, through 1994, in order to complete the implementation of some of the projects and to lay the proper foundation for the next UNFPA

programme. Projected expenditures through 1994 were $3.4 million, or 85 per cent of the total amount approved.

Maternal and child health and family planning

21. Before 1989, UNFPA assistance helped: (a) to train health professionals in family planning techniques and a medical doctor in public health; (b) to renovate and equip rural health centres, maternal and child health care centres and the country's main hospital in Moroni; (c) to deliver family planning services; (d) to develop health statistics; (e) to sensitize the public to health and population matters; (f) to provide logistical support to help supervise and monitor MCH/FP activities; and (g) to provide technical assistance, primarily in the form of short-term international consultancies.

22. UNFPA support for MCH/FP activities during the period 1989-1994 helped to increase contraceptive use to 4 per cent (up from 1 per cent in 1982) and to widen the availability of MCH/FP services. The modest increase in contraceptive use is disappointing, however, given the wide distribution of MCH/FP service delivery points (87 per cent of the health structures now offer such services). There are several reasons for this: the training provided at the local level has been too short to enable health agents to improve the quality of services; drop-out rates have reached as high as 70 per cent in some health centres; concerns about side effects have not been adequately taken into account due to lack of training in counselling skills; many health agents themselves still are not convinced about family planning and/or specific methods; and IEC efforts, until recently, have not been coordinated with the work of health personnel.

23. An April 1993 review of the MCF/FP programme noted that the Ministry of Health did not have the operational capacity to plan, manage, follow up and coordinate an integrated MCH/FP programme. It further found a lack of coherent IEC interventions in support of family planning as well as a lack of an integrated system of information for operational research and the processing of MCH/FP data. The review also noted that certain religious and socio-cultural factors had inhibited contraceptive use and that the distribution of contraceptives had been limited to public health structures. The review recommended strengthening staff management, strengthening the coordination of IEC activities in support of family planning and improving the quality of services. As a first step it was recommended that family planning services should be reinforced in those health centres where there are qualified staff and where women can also receive pre- and post-natal care. The findings and recommendations of the review were corroborated by the PRSD mission one year later.

Information, education and communication

24. Since 1986, UNFPA has supported IEC activities whose objectives are to promote family planning and to create awareness among political and religious leaders of the relationship between population pressure and the environment and of demography and family welfare issues. UNFPA provided support for training in communication techniques for 315 field agents (160 health staff and 155 rural extension workers) and for awareness creation on family planning for 60 village leaders. It also provided assistance to open an IEC unit in Anjouan and a multimedia centre to promote

contraceptive use. The programme was able to obtain support for the family planning programme from many religious leaders including the late Grand Mufti.

25. A thematic evaluation conducted by UNFPA in August 1992 found the project's main objective to be ambiguous. It was not clear if its primary goal was to provide IEC in support of MCH/FP programmes or to open a multimedia centre capable of responding to different development programmes. The evaluation also noted that the project was becoming increasingly autonomous in relation to the MCH/FP programme and that it lacked an IEC strategy that would have avoided the partitioning of interventions aimed at the same groups. It further found that the project had failed to develop a strong linkage between research, training, production and broadcasting. The evaluation led to stronger collaboration between the MCH/FP and IEC projects. The project has now been integrated into the programme of the Ministry of Health.

Data collection and analysis

26. UNFPA provided support for the first and second Population and Housing Censuses, conducted in 1980 and 1991, respectively. The data from the second census have been processed, but not yet analysed. This is due primarily to a shortage of qualified staff: the Central Statistical Office at present has only one demographer and one data processor on staff, the CSO's other staff with requisite skills having been transferred to other ministries. Thus, despite the fact that UNFPA assistance has helped to train staff at the Central Statistical Office, it has not significantly strengthened the country's capacity to collect, process and analyse demographic data.

Women, population and development

27. In 1986, UNFPA sponsored the first national seminar on women, population and development. This seminar greatly contributed to increasing awareness of the need for integrating women into the development process. It also increased the awareness of women's associations of the importance of working together towards the same goal. The seminar recommended, among other things, the creation of a federation of Comorian women's associations and the setting up of a governmental structure whose objective would be the emancipation of women. The Federation of Women's Associations (FOWA) was thus created in 1987 and has since played an important role in coordinating the work of women's associations throughout the country. In 1991, the Government created the High Commission for the Promotion of Women, a department with ministerial rank in charge of women's affairs. In 1994, the High Commission became the Ministry for Social Affairs, Women's Emancipation and Employment. UNFPA also supported the Government in reviewing the status of women under the law in order to elaborate a family code.

Other external assistance

28. WHO, the World Bank, UNICEF and the World Food Programme (WFP) are among the other multilateral organizations active in population and related activities in the Comoros. The World Bank has extended two loans for population and health-related activities since 1984. The first, in the amount of $4.1 million for the period 1984-1991, financed a project to improve primary health-care services (by, among other things, extending the health network and equiping MCH/FP service points) and to develop a programme to reduce population growth (by strengthening the

Population and Development Department at the Ministry of Planning). The second, in the amount of $16 million for the period 1993-1997, is for a project to strengthen the health sector and to promote community development. The project will provide $274,000 for family planning and over $300,000 for AIDS prevention. The health-sector component will be in place in 1994, provided that the restructuring of the health system is implemented.

29. UNICEF extended its four-year (1990-1993) $3.7 million programme to 1996 in order to synchronize its assistance cycle with those of UNDP and UNFPA. As in the preceding cycle, UNICEF assistance is oriented towards improving health conditions (through, e.g., vaccination and nutrition programmes, campaigns against diarrhoeal diseases, provision of basic medicines), improving basic education and promoting the role and status of women. WHO has supported primary health-care programmes aimed at improving maternal and child health, providing immunizations, and preventing sexually transmitted diseases (STDs) and has provided assistance to train medical personnel abroad. UNDP's main contribution in the health sector has been to provide UNV medical doctors and health specialists for health programmes, especially in rural areas. WFP has provided assistance to improve the nutrition of children and lactating women.

30. Others active in the population and health sectors in Comoros include the European Union and the United States Agency for International Development (USAID). The European Union focuses on agricultural development but also provides support to MCH/FP programmes and AIDS prevention activities. This assistance is extended either directly to specific activities or through integrated rural-development projects comprising literacy, family life education and, on an experimental basis, the community-based distribution of contraceptives, with the support of an MCH/FP project supported by UNFPA. USAID supported, in 1992, the training abroad of 12 midwives in family planning and provided educational materials on family planning.

IV. PROPOSED PROGRAMME 1995-1996

31. The proposed two-year interim programme (1995-1996) seeks to establish a solid foundation for undertaking more extensive activities during the 1997-2001 period. It recognizes that the support of religious and political leaders is the key to success in population programming in the Comoros and thus emphasizes the importance of IEC activities in all programme areas. One of the main objectives of the proposed programme therefore is to develop a coherent IEC strategy to help bring about further changes of attitudes and behaviour towards population matters, and in particular towards reproductive health and family planning. Such a strategy would focus on creating awareness among religious, political and cultural leaders of the negative implications of rapid population growth on social and economic development. The proposed programme would also seek: (a) to increase the demand for family planning services and improve the quality of the services available; (b) to establish a framework for formulating and implementing a national population policy; (c) to improve the population database; and (d) to reinforce community participation in population and development activities.

32. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) which was endorsed by the General Assembly through its resolution 49/128; that is, that human beings are at the centre of

concerns for sustainable development (principle 2 of the Programme of Action); that population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of the life of all people (principle 5); that advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes (principle 4); that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (principle 8); that reproductive health-care programmes should provide the widest range of services without any form of coercion (principle 8); and that the principle of informed free choice is essential to the long-term success of family-planning programmes; that any form of coercion has no part to play; that governmental goals for family planning should be defined in terms of unmet needs for information and services; and that demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients (chap. VII, para. 12 of the Programme of Action).

Reproductive health and family planning

33. The primary objective of UNFPA assistance in the area of reproductive health and family planning (RH/FP) is to help the Government formulate and implement a national MCH/FP programme and to elaborate an IEC strategy in support of that programme. Such a strategy would make use of audience research and analysis to ensure that information materials and messages are specifically tailored to the intended audiences. It would also include a plan to help identify the most appropriate means of disseminating such information and messages. The information materials and messages would be monitored and evaluated to ensure that they were having the desired impact. The strategy would also include a plan for training health personnel, including agricultural extension workers, in interpersonal communications and in counselling and promotion techniques.

34. This would be reinforced by operational research into the critical factors affecting the demand for RH/FP services. Such research would focus on, inter alia, people's perceptions of the quality of the services being provided; the attitudes and perceptions of the health providers themselves concerning reproductive health and family planning; the status of adolescent reproductive health and the specific reproductive health needs of adolescents; and the extent to which information and counselling on HIV/AIDS has been integrated into MCH/FP services.

35. The aim of this integrated approach is fourfold: (a) to improve the quality of reproductive health care and family planning services in 30 health facilities by 1996; (b) to secure the support of religious, political and community leaders for RH/FP services; (c) to create a corps of health professionals trained in RH/FP; and (d) to increase the demand for modern contraceptive methods. This will require, among other things, providing support to the Ministry of Health to strengthen its capacity to plan, manage and monitor the MCH/FP programme. It will also require that Ministry staff at both the central and regional levels receive in-service training in reproductive health and family planning techniques. UNFPA would also provide assistance to help create an MCH/FP Committee, which would be part of the newly created Inter-agency Committee on Population and Development.

36. UNFPA proposes to provide $700,000 to cover reproductive health and family planning activities, as well as an additional $400,000 for related IEC activities.

Data collection and analysis

37. The knowledge of Comorian population dynamics is hindered by the lack of up-to-date and reliable data. Proposed UNFPA assistance therefore would seek to lay a solid foundation for the timely and reliable collection and analysis of data. The Fund would thus provide support to complete the analysis of the 1991 Population and Housing Census and to conduct a demographic and Safe Motherhood survey. The latter would provide valuable information on the knowledge of, attitudes towards and practice of family planning. UNFPA assistance in the amount of $400,000 would cover, among other things, a full-time resident adviser, local salaries, training both at home and abroad, study tours, office equipment and supplies, and printing costs.

Population policy formulation

38. The proposed programme would help the Government to create conditions favourable to the formulation and implementation of a national population policy. This would involve, inter alia: (a) creating inter-agency committees on population and development at national and regional levels that would be responsible for formulating the national population policy; and (b) intensifying awareness creation on the interrelationship between population and sustainable development for political, religious and traditional leaders, as well as for officials in charge of socio-economic planning.

39. UNFPA proposes to provide $400,000 to cover a full-time technical adviser, training at home and abroad, study tours (intended for parliamentarians, religious leaders, officials in charge of planning), local salaries, office supplies and equipment, data processing equipment and printing costs.

Women, population and development

40. The primary objective of UNFPA assistance in this area is to facilitate the integration of women and youth into the development process. Such integration has been constrained by both institutional and socio-cultural factors, including the lack of a national programme to guide this integration and the persistence of unstable matrimonial unions, polygamy, and early marriage of young girls. UNFPA would provide $400,000 in assistance to help the Government to: (a) formulate a national programme to address these constraints; (b) strengthen government and non-governmental organizations working to integrate women and youth into the development process; and (c) to strengthen the Directorate of Youth and Sport through a programme to train trainers in family life education and counselling of youth.

Programme reserve

41. An amount of $100,000 has been set aside in reserve to cover unforeseen activities falling within the framework of the proposed country programme. Several national project posts necessary for the successful implementation of this programme will be charged against the reserve.

Programme coordination

42. The World Bank is financing a $16 million population and health project. The project's activities will be coordinated with the UNFPA-sponsored reproductive health/family planning programme. World Bank funding will be used, inter alia, to renovate health units, supply essential drugs, provide equipment for some health units, fight endemic and infectious diseases, and help prevent the spread of STDs including AIDS. It will also contribute to the training of health personnel. UNFPA will take responsibility for training in family planning techniques, in MCH/FP programme management, and in IEC techniques in support of the family planning programme, while the World Bank will be responsible for other aspects of training related to resource management and planning.

43. UNDP will provide assistance to help the Government recruit medical doctors in order to reinforce peripheral health services including MCH/FP. UNICEF will participate in the development of a strategy for improving the health of mothers and children. WHO will provide technical support for the formulation of the national MCH/FP programme. The European Union will work closely with UNFPA in developing the community-based distribution of modern contraceptives as well as in developing and monitoring IEC and family planning activities.

44. The Ministry of Foreign Affairs and the Ministry of Finance and Planning are responsible for the coordination of external assistance and for monitoring the implementation of the activities that fall under the responsibility of sectoral ministries through the public investment plan (PIP). The creation of the Inter-agency Committee on Population and Development will facilitate the coordination of population activities. The local UNFPA office will periodically organize meetings of national project directors as well as with the Ministry of Finance and Planning for the monitoring of programme activities.

Programme management, monitoring and evaluation

45. The monitoring of the activities developed as part of this programme would be implemented in compliance with standard UNFPA procedures. All activities would therefore have built-in mechanisms for evaluation and monitoring, and all would be subject to annual progress reports and to annual and final tripartite review and monitoring visits. The programme would be subject to an overall evaluation in 1996 that will serve to orient the next five-year country programme, which would be designed to cover the period 1997-2001.

46. Programme management would be the responsibility of the UNFPA Representative and the UNFPA Country Director resident in Madagascar. For this purpose, the non-resident Country Director would make at least three programme monitoring visits each year and would be assisted by the national programme officer. The local UNFPA office would be reinforced by the recruitment of an administrative and national programme assistant. UNFPA would provide technical assistance for the implementation of the programme objectives by first using national expertise, which would be complemented by UNFPA Country Support Teams.

Financial summary

47. As indicated in paragraph 1, UNFPA would provide $2.4 million from its regular resources for the two-year period 1995-1996. The following table shows how this assistance would be divided between the various sectors of the programme.

	Regular resources $
Reproductive health and family planning	700,000
Information, education and communication	400,000
Population policy formulation	400,000
Data collection and analysis	400,000
Women, population and development	400,000
Programme reserve	100,000
TOTAL	2,400,000

V. RECOMMENDATION

48. The Executive Director recommends that the Executive Board approve the proposed programme of assistance for Comoros as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Mozambique
Support for a population programme

Proposed UNFPA assistance:	$12.1 million, of which $6.9 million would be committed from UNFPA's regular resources. UNFPA would seek to provide the balance of $5.2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Three years
Estimated starting date:	January 1995
Executing agencies:	Government of Mozambique United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	National Planning Commission

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Mozambique

Demographic facts

Population (000)		Average annual change (000)	
Total	16,004	Population increase	597
Males	7,902	Births	746
Females	8,102	Deaths	309
Sex ratio (/100 females)	97.5	Net migration	160
Urban	5,481	Annual population total (% growth)	3.42
Rural	10,523	Urban	7.06
Per cent urban	34.2	Rural	1.23
Population in year 2000 (000)	18,991	Crude birth rate (/1000)	42.6
Functional age groups (%)		Crude death rate (/1000)	17.6
Young child: 0-4	17.8	Net migration rate (/1000)	9.1
Child: 5-14	26.9	Total fertility rate (/woman)	6.06
Youth: 15-24	18.5	Contraceptive prevalence rate (% 15-44)	..
Elderly: 60+	5.2	Gross reproduction rate (/woman)	2.99
65+	3.3	Net reproduction rate (/woman)	2.11
Percentage of women aged 15-49	44.8	Infant mortality rate (/1000)	136
Median age (years)	17.6	Maternal mortality rate (/100,000)	..
Dependency ratios: total	92.3	Life expectancy at birth (years)	
(/100) Aged 0-14	86.1	Males	45.4
Aged 65+	6.3	Females	48.3
Agricultural population density (/hectare of arable land)	3.9	Both sexes	46.8
Population density (/sq. km.)	20.0	GNP per capita (U.S. dollars, 1992)	60

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1994. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a population programme in the amount of $12.1 million, of which $6.9 million would be committed from UNFPA's regular resources, over a three-year period, starting in January 1995, to assist the Government of Mozambique in achieving its population and development objectives. UNFPA would seek to provide the balance of $5.2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be UNFPA's fourth cycle of assistance in Mozambique.

2. The proposed programme is based on: (a) the "Report of the Seminar for the Preparation and Development of Strategies for a Population Programme in Mozambique" (April 1994); (b) the "Mozambique National Report on Population and Development" presented to the International Conference on Population and Development (ICPD) in September 1994; (c) the findings and recommendations of a Programme Review and Strategy Development (PRSD) mission that visited Mozambique in May/June 1994; (d) consultations and discussions with officials of the concerned ministries in Maputo as well as with the representatives of United Nations agencies, bilateral agencies and non-governmental organizations (NGOs) at work in Mozambique.

3. Mozambique's population is estimated at 16 million, and the rate of growth has been increasing over the last few decades; currently it is estimated to be growing at the rate of 3.4 per cent a year. The total fertility rate is 6 children per woman, and an estimated 45 per cent of the population is below age 15. The urban population is growing at a much faster rate than the population as a whole: the proportion of the population living in urban areas increased from 7 per cent in 1960 to an estimated 27 per cent today. It is feared that the return of refugees from neighbouring countries with relatively high prevalence rates of HIV/AIDS will result in an increasingly rapid spread of HIV/AIDS.

4. UNFPA's proposed programme has been formulated with the knowledge that Mozambique is currently undergoing profound political, economic and social transformations. The 15-year-long civil war has just been concluded, and the country is changing its centrally-planned economy to one based on market forces at the same time that it is trying to institute a multi-party democracy and to decentralize the administrative system. This is all taking place against the backdrop of a situation where the country's already inadequate infrastructure has been devastated. The war has resulted in large displacements of population, including refugees to neighbouring countries, and their resettlement has profound implications for the overall demographic situation.

5. Given the profound social, political, economic and administrative transformations that are taking place in the country, the proposed three-year cycle of UNFPA assistance to Mozambique would serve as a transition period. This period will coincide with the first few years of the anticipated multi-party democratic governance and more or less with the first phase of the National Reconstruction Plan focusing on emergency assistance and rehabilitation. During this transition period, UNFPA would continue to provide support for those activities of the previous programme that had been effective. Other activities would be scaled down and implemented in one pilot province. At the national level, the programme would concentrate on three objectives: strengthening the country's management and

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technical capability in the areas of reproductive health and family planning (RH/FP); making the necessary preparations for the national population census in 1997; and developing a national population policy. In addition, UNFPA would assume the responsibility for meeting the country's needs for injectable contraceptives over the next three years.

6. UNFPA's activities would be closely coordinated with those of other major external-assistance organizations, especially the United States Agency for International Development (USAID), which has just concluded a three-year programme of assistance that allocated $29.5 million for health and population activities and which has assumed responsibility for supplying the country with all types of contraceptives except injectables, and the Danish International Development Agency (DANIDA), which has allocated $6 million for reproductive health and family planning activities for the period 1993-1996. In addition, both Austria and Denmark have provided support for UNFPA-funded projects, and this is expected to continue.

II. BACKGROUND

7. The population of Mozambique has been increasing rapidly, from 6.2 million in 1950 to 12.1 million in 1980 and to an estimated 16.0 million in 1995. It is projected to increase to 18.9 million by the year 2000 and to 39.0 million by the year 2030. The rate of growth of the population has also been increasing, from an average of 1.9 per cent a year in the 1950s to 2.8 per cent a year in the first half of the 1980s and to an estimated annual rate of 3.4 per cent for the 1990s. The crude birth rate has remained virtually unchanged for the past four decades at about 43 per 1,000. The total fertility rate is estimated at 6 for the period 1990-1995. The population is very young: an estimated 45 per cent is under the age of 15. Females constitute 50.6 per cent of the total population.

8. Mozambique has a long tradition of internal and external migration. Internally, migration has been to seaports and to cities along the railway lines. As a consequence, the population is unevenly distributed. The average population density remains low at 20 persons per square kilometre. In the past, international migration had mostly been to South Africa to work in the mines there and to other neighbouring countries with whom the Mozambicans share cultural affinities.

9. One of the consequences of the civil war has been the huge movement of the population from rural areas affected by the war to the relatively safer cities and district administrative centres. It is estimated that there were about 4.5 million displaced persons within the country and 1.5 million refugees outside the country by mid-1992, the majority of whom had returned to the country by mid-1994. These population movements have contributed to the substantial increase in the proportion of the population living in urban areas: from 7 per cent in 1960 to 13 per cent in 1980 and to an estimated 27 per cent in the mid-1990s.

10. Social, health and economic situation. Between 60 and 70 per cent of the population is considered to be living in absolute poverty, with an even higher percentage in rural areas. Only about 43 per cent of the population 15 years of age and over is literate (58 per cent of males, 30 per cent of females). Over half of the children of school age are not in school, and an estimated 42 per cent of the educational infrastructure was destroyed during the war.

11. The 15-year war and the ensuing economic crisis have had a severe impact on the health system. Between 30 and 40 per cent of rural health units have been destroyed or rendered dysfunctional. The staff delivering health care services is overwhelmingly concentrated in urban areas so that only 40-50 per cent of the population had access to health care services in 1992. Prenatal coverage (one visit) reaches about 57 per cent of the population; only 40 per cent of all deliveries are attended by trained personnel; and the quality of this care is very poor. Reported use of modern methods of female contraception is broadly estimated nationally at 3 per cent and at 21 per cent for Maputo, the capital. Contraceptive prevalence is certainly somewhat higher, since these figures do not include sterilization or the use of condoms, for which reliable information is not available.

12. Extreme poverty and difficult socio-economic conditions are exacerbated by a high level of preventable infectious diseases. Food security is a major concern, and anaemia and malnutrition among women of reproductive age and children are frequent. Potable water is available in only about 22 per cent of the rural areas, and urban water and sanitation systems are inadequate to cope with urban growth. Consequently, the country's health indicators are among the worst in the world, with the infant mortality rate estimated at 136 per 1,000 live births and the under-five mortality rate at 273 per 1,000 live births. Current maternal mortality is estimated to be as high as 1,095 per 100,000 live births. Life expectancy at birth is currently estimated at 46.8 years for both sexes.

13. In contrast with most neighbouring countries, Mozambique is still in the initial phases of the AIDS epidemic. The latest official figures indicate 1,500 cases of AIDS and more than 200,000 cases of HIV-infected persons. HIV infection is more frequent in areas bordering countries with higher prevalence rates. The return home of refugees, displaced households and demobilized troops from areas with relatively high prevalence rates is a major concern.

14. Although women play an important role in the national economy, especially in the agricultural sector, their socio-economic status remains extremely low. Women do not have decision-making powers over important aspects of their lives, including whether or not to practice family planning. The civil war is considered to have had greater negative consequences for women than for men: for instance, family dislocations increased the number of de facto households headed by females who had to provide for themselves and their families. The end of the war also produced newly vulnerable groups of women, such as those left behind by demobilized soldiers who returned to their original families.

15. In order to reverse the economic decline that has taken place since the early 1980s, the Government introduced an Economic Action Programme in 1984, followed by a more comprehensive Economic Rehabilitation Programme (PRE) in 1987, with the support of the World Bank, the International Monetary Fund (IMF) and a broad spectrum of multilateral and bilateral donors. The PRE included both stabilization policies and structural adjustment reforms aimed at moving the centrally planned economy towards a market-based one. The PRE became the Economic and Social Rehabilitation Programme (PRES) in 1989, with a greater emphasis on poverty alleviation.

16. There has been some improvement in the country's economic performance since 1987 (with a downturn in 1991-1992 because of a very severe drought) thanks to a large inflow of international aid. With the return of peace in October 1992, the Government intensified its efforts towards revamping

the economy and improving living conditions. The immediate priorities of the Government are sustaining the peace; resettling and reintegrating refugees and displaced persons; demobilizing combatants and reintegrating them into society; reconstructing the damaged social and economic infrastructure; improving the delivery of health and education services; reducing poverty; promoting the private sector; and continuing the macro-economic reforms started in 1987.

17. Population and development infrastructure. In 1991, the Government created a Population and Planning Unit (PPU) within the National Planning Commission to, among other things, formulate an explicit national population policy and to ensure the integration of population factors into development plans and programmes. The Government is considering the establishment of a National Council on Population and Development as a high-level policy-making body. In addition, it has also produced a Policy Framework Paper (1994-1996). This is a three-year rolling plan that is sometimes taken to be the substitute for a wider planning document or "development plan". Its objectives include promoting child-spacing within the context of maternal and child health care programmes, continuing support for the formulation of a population policy and resettling refugees and displaced persons.

18. It must be noted, however, that the views of senior government officials about population issues are not uniform. Only some leaders are aware of the pressure exerted by the nation's population distribution and growth rate on the demand for such services as education, health, housing, employment and food supply. Much effort will be required, therefore, to create the consensus needed to incorporate population factors into national development plans and to adopt a national population policy.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

19. The first UNFPA programme of assistance to Mozambique (1979-1983, later extended to 1985) was approved for $9 million but was subsequently scaled down to $6.2 million; a total of $5 million had been expended by the end of the programme period. The second UNFPA programme of assistance (1986-1990) totalled $6 million, $4 million of which was to be provided from UNFPA regular resources. This programme was more comprehensive than the first, and expenditures totalled $5.2 million by the end of the programme period. There was a one-year bridging period (1991) during which $1 million was allocated.

20. The third and current UNFPA programme of assistance, covering 1992-1994, is in the amount of $8 million ($5 million from UNFPA regular resources). The three-year period was chosen because it was hoped that the country would be able to return to peace by the end of the programme. Total expenditures are expected to reach $4.2 million from regular resources and $0.5 million from multi-bilateral sources.

21. Prior programme strategies have emphasized training and human resource development; support to the National Planning Commission in developing a population policy; and consolidating the management capacity of the maternal and child health and family planning (MCH/FP) programme at the central and provincial levels while preparing to consolidate and expand MCH/FP activities at the district level in the future.

22. In general, considering the country's situation, the programmes have helped to create awareness among the country's leaders of the crucial role that population factors play in national planning and family well-being; to develop at least a rudimentary urban MCH/FP network; to adopt a policy of spacing births; and to create a capacity to carry out certain data-collection activities. However, UNFPA's third programme of assistance was hampered by the country's socio-economic and political situation, the destruction of a large part of the infrastructure and the critical shortage of trained personnel.

Maternal and child health and family planning

23. UNFPA support for national MCH/FP activities dates from 1978. Training activities commenced in 1981, with the first course for MCH nurses, and this was followed by courses for elementary midwives. A major achievement was the support given to the Government in developing and adopting a comprehensive national MCH/FP programme in 1983. The second country programme extended and consolidated training activities and supplied contraceptives and medical equipment. These advances were wiped out by the intensification of the war from 1984 until 1989, and most provincial advisers were phased out. UNFPA has been the only supplier of Depo Provera, while USAID supplied the majority of oral contraceptives and intra-uterine devices (IUDs) from 1992 to 1994, with small quantities coming from the International Planned Parenthood Federation (IPPF).

24. The current programme includes an ambitious project to train staff in MCH/FP services and to strengthen the Ministry of Health's institutional capacity to deliver and manage MCH/FP programmes. However, the project has suffered from many problems, including: inadequacies in project design, ceilings imposed on expenditures, delayed recruitment and changes of international staff, and the choice of the Ministry of Health as executing agency, which complicated and delayed programme administration.

25. Given these shortcomings and the damage to the health-care infrastructure caused by the war, coverage levels achieved in prenatal care and in contraceptive prevalence are actually quite impressive, especially since only about 40-50 per cent of the population has relatively easy geographic access to MCH/FP services. Unfortunately, the quality of the care provided is substandard. UNFPA assistance helped the country complete its first medium-level course for MCH nurses, who graduated in April 1994; train and retrain traditional birth attendants (TBAs); provide in-service training for MCH nurses and MCH nurse-supervisors; and develop curricula for MCH/FP training courses.

26. By the end of 1994, activities in the area of MCH/FP will have absorbed $1.8 million of the $2.0 million originally envisaged. These activities further benefited from $660,000 in multi-bilateral assistance provided by Austria and Denmark.

Information, education and communication

27. UNFPA-supported activities in the area of population communication concentrated on family life education (FLE), which was extended through the organized labour sector and rural cooperatives and implemented by the Institute for Social Communications. An evaluation conducted in 1993

indicated some weaknesses in project design and execution and highlighted the need for expertise in developing IEC materials and relevant messages as well as in programme management. However, IEC activities did achieve some of their goals in reaching relevant beneficiaries. A consolidation phase was recommended, and this was begun in 1994. This interim phase (1994-1995) focuses on developing culturally relevant messages and on training personnel in communication techniques. By the end of 1994, total expenditures for activities in the IEC sector had amounted to $400,000 of the $1.0 million originally envisaged.

Data collection and analysis

28. It proved impossible to conduct the scheduled population census in 1990 because of the war. The need for recent population data was partially fulfilled by undertaking a National Demographic Survey (NDS) in urban and accessible rural areas in November 1991. The NDS was co-funded by the Government, UNDP and UNFPA and also received some support from Sweden and UNICEF. The data were published and used as a basis for new population estimates and projections. The project also provided assistance for some cartographic activities in preparation for the next census. Furthermore, the survey provided training for the staff of the Statistical Office and helped to identify potential obstacles in undertaking a large data-collection exercise. Since the project ended in June 1994, the Fund has approved a bridging cartography project in preparation for the 1997 population census.

29. The total amount committed to this sector ($500,000 from UNFPA regular resources and $300,000 from other resources) will be spent by the end of the current programme.

Population dynamics

30. UNFPA has been funding the Department of Geography of the Eduardo Mondlane University since 1986. The University has succeeded in introducing demography into several curricula, in providing long-term training of several Mozambicans, in establishing a specialized library dealing with the topic of population, and in participating in population awareness creation. The University has, however, not been able to formulate and develop a population research programme, although this had been one of the principal objectives. The reasons include weak project design, the lack of a research tradition and of a developed institutional framework for research, as well as the scarcity of trained research personnel.

Population policy formulation

31. Activities in this sector aim at developing the Population and Planning Unit's technical capacity and at creating a basis for integrating population factors into development planning and for formulating a national population policy. The Population and Planning Unit has played important roles in increasing the recognition of the importance of population for sustained development and in establishing a multisectoral coordinating and consultation mechanism among government organizations. The project has also provided assistance to conduct research to support policy formulation including the resettlement of refugees and displaced persons and has trained nationals in various aspects of

population and development. By the end of 1994, UNFPA expenditures in this sector amounted to approximately $620,000.

Women, population and development

32. The past programme envisaged the continuation and expansion of support to the "Circles of Interest" of the Organization of Mozambican Women (OMM) as a way to increase women's participation in social and economic development. (The Circles of Interest are informal groups engaged in social and economic development activities.) An independent evaluation of the UNFPA-funded activity in this area indicated that it had suffered from many shortcomings, including weak management, a top-down design that has discouraged initiative and the poor technical quality of FLE messages. On the positive side, 31 director/monitors have trained over 600 activists, who in turn have transmitted FLE messages to their communities. It is generally acknowledged that the Circles of Interest are potentially vital institutions for stimulating positive socio-cultural change at the grass-roots level.

33. By the end of the programme cycle, UNFPA will have contributed $400,000 for women, population and development activities. In addition, Sweden has provided technical expertise.

Other external assistance

34. It is difficult to quantify the contributions to population activities made by all multilateral and bilateral agencies and NGOs because there are more than 200 such agencies active in the country, most of them involved in emergency relief activities and working in diverse areas that only indirectly impact on population processes.

35. UNDP provided $280,000 for the 1991 National Demographic Survey and for population and development planning activities. UNICEF has continuously provided support for MCH activities, with special emphasis on the needs of children. It has also directly supported UNFPA-funded projects ($850,000 in 1990-1994) and has undertaken some related activities. The World Food Programme (WFP) has contributed food in support of the training of MCH/FP nurses, and for health monitors and activists of the OMM, both under UNFPA-funded projects.

36. USAID has allocated $29.5 million to Mozambique for health and population programmes for the period 1991-1994 and assumed responsibility for the supply of all types of contraceptives except injectables. It provided technical assistance for the National Demographic Survey and is currently assisting with preparations for the 1997 census. Denmark has allocated $6 million for MCH/FP activities for the period 1993-1996 and has contributed $450,000 for UNFPA's ongoing MCH/FP project. Norway supports the STOP AIDS project implemented by the local IPPF affiliate. Austria has contributed $221,000 for UNFPA's MCH/FP project. Sweden, besides contributing staff for the OMM activities mentioned above, also gave some support for the National Demographic Survey. The European Union provided a grant of more than $500,000 for research on the displaced population. Switzerland provides assistance for the training of TBAs.

37. IPPF provides some contraceptive commodities and also supports population IEC for adolescents. Its cumulative grant was $900,000 up to the end of 1990, followed by $260,000 in 1991 and $280,000 in 1992. Family Planning International Assistance (FPIA) had provided a total cumulative grant of $150,000 for family planning commodities as of June 1990.

IV. PROPOSED PROGRAMME 1995-1997

38. The proposed programme is designed to synchronize UNFPA's programme cycle with those of its partner organizations in the Joint Consultative Group on Policy (JCGP). The period of the programme will also coincide with the country's first years of multi-party democratic government and with the first phase of the National Reconstruction Plan that focuses on the rehabilitation and resettlement of refugees and displaced persons.

39. The immediate objectives of the programme are: (a) to improve the quality and range of RH/FP services by training health personnel at the national level and by strengthening managerial and supervisory capacity in one pilot province; (b) to strengthen the country's capacity to carry out population IEC activities and in particular to start a campaign aimed at sensitizing opinion leaders, decision makers and the population at large to the benefits of reproductive health care and family planning and to the importance of increasing women's participation in social and economic development; (c) to expand and improve the knowledge and database on population and gender issues; (d) to formulate a gender-sensitive national population programme and a draft population policy and to begin to create consensus in favour of its adoption; and (e) to enhance the institutional and technical capacity of the Organization of Mozambican Women (OMM) at the central level and to strengthen and increase the number of its Circles of Interest in the rural areas of one pilot province.

40. To achieve these objectives the proposed programme would: (a) concentrate the bulk of its activities in only one pilot province and to selected agencies at the central level; (b) help strengthen relevant institutional and technical capacities with emphasis on human resource development and training, especially of females; and (c) foster increased coordination of population, gender and related activities in the country and collaboration between national institutions, NGOs and donor agencies.

41. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) which was endorsed by the General Assembly through its resolution 49/128; that is, that human beings are at the centre of concerns for sustainable development (principle 2 of the Programme of Action); that population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of the life of all people (principle 5); that advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes (principle 4); that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (principle 8); that reproductive health-care programmes should provide the widest range of services without any form of coercion (principle 8); and that the principle of informed free choice

is essential to the long-term success of family-planning programmes; that any form of coercion has no part to play; that governmental goals for family planning should be defined in terms of unmet needs for information and services; and that demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients (chap. VII, para. 12 of the Programme of Action).

Reproductive health care and family planning

42. UNFPA would continue to strengthen the national training capacity in the RH/FP sector in order to support the training of midwives and MCH nurses, at both the basic and middle levels. This would include improving the counselling skills of service providers and furnishing appropriate education and information materials. In addition, the proposed programme would seek to strengthen the management and supervision of MCH/FP services and to improve the logistics management of contraceptive supplies.

43. At the central level, UNFPA support would concentrate on: (a) continuing formal training courses in RH/FP for nurses and promoting a new commitment to train trainers in higher level nursing and training skills, including providing a suitable incentive system to retain the nationals being trained; (b) providing technical assistance to develop job descriptions, manuals, service guidelines and curricula to improve the education methodology, and to revise the contraceptive logistics and management system and the RH/FP health information system; (c) train doctors, nurses and surgical technicians in RH/FP techniques in order to develop the types of skills needed at the level of first referral; and (d) providing injectable contraceptives nationwide, estimated to cost $500,000 for the three-year period.

44. The RH/FP activities undertaken in the pilot province would be closely linked with, and draw important complementary support from, the activities in IEC; gender, population and development; and population and development planning. UNFPA support would concentrate on improving the counselling skills of service providers and strengthening the management skills and supervisory capabilities of programme managers at the provincial and district levels. The proposed programme would also seek to increase the awareness of the population of the availability and health benefits of family planning and reproductive health measures and to expand the knowledge base of various aspects of reproductive health, with special focus on the causes and consequences of adolescent fertility and adolescent pregnancies.

45. The amount of $3.4 million is proposed for RH/FP activities, of which $2.9 million would be allocated from regular resources and $500,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

46. Non-formal sector. UNFPA proposes to support the Institute for Social Communications at the central level so that it can develop a leadership role in carrying out communication activities on population and the environment. Assistance to the Institute would be provided in the following areas: (a) technical assistance and equipment to develop messages, materials and quality control for projects

and activities in population IEC; (b) training for staff, both abroad and on the job, in social communication and population IEC skills; and (c) technical assistance in helping other institutions, such as the School of Journalism, in incorporating population information and communication and gender issues into their own training programmes.

47. At the local level, the Fund would assist the local delegations of the Institute in carrying out IEC activities at provincial and district levels by training personnel, providing technical assistance and equipment for research and developing IEC materials. The experiences in the pilot province will be used as a basis for expanding activities to other provinces in subsequent country programmes.

48. Formal education sector. UNFPA would continue to provide support to the Government at the central level for the revision of the primary education curriculum to include population and family life education through the implementation of the Basic Education Master Plan. UNFPA would also assist the Government, through the National Institute for Education Development (INDE), to continue the testing of population educational materials, developed in previous programmes, in selected schools of the pilot province.

49. The total amount of $1.5 million is proposed for population IEC activities, of which $1.3 would be allocated from UNFPA's regular resources.

Data collection and analysis

50. The proposed programme would provide assistance at the national level for cartographic work and other preparatory activities for the 1997 national population census, including the mobilization of resources for conducting the census. The total amount of $4.3 million is proposed for these data collection activities, of which $400,000 would be provided from regular resources. UNFPA would seek to provide the balance of $3.9 million from other sources, including multi-bilateral sources.

Population dynamics

51. The proposed programme would provide assistance to the Eduardo Mondlane University for the institutionalization of research and training in population and related areas through the development of a multi-disciplinary Population Research and Training Centre. Such assistance would concentrate on: (a) developing a policy-oriented and gender-sensitive population research programme; (b) providing fellowships for training in population and development; (c) motivating students to undertake relevant research activities by providing scholarships; and (d) disseminating relevant research findings. The total amount of $700,000 is proposed for these activities, of which $600,000 would come from UNFPA's regular resources.

Population policy formulation

52. At the central level, UNFPA would continue its support to enhance the institutional and technical capacities of the Population and Planning Unit (PPU) within the National Population Commission. The following activities would be emphasized: (a) providing on-the-job training for the

staff of the PPU in integrating population factors into sectoral development plans and programmes; (b) reviewing the Unit's legal and organizational structure, with a view to enabling it to make, and implement, policy decisions concerning population matters; (c) establishing working groups to help develop guidelines for formulating the national population policy; (d) carrying out activities to sensitize politicians and other influential persons on the implications of the population situation, especially on the role that women play in the development process; and (e) providing technical assistance to strengthen the capacity of the Technical Committee of the PPU for coordinating population activities.

53. Technical assistance would be provided to the Provincial Planning Commission in the pilot province to help it coordinate all UNFPA-funded population activities at the provincial level as well as the population activities of the Government and NGOs. A total amount of $1.2 million is proposed for activities in this sector, of which $900,000 would be provided from UNFPA's regular resources.

Gender, population and development

54. At the central level, UNFPA would provide assistance to train key persons of the Organization of the Mozambican Women in programme management as a way of enhancing the institution's technical capacity. Efforts to strengthen the OMM's Circles of Interest and to increase their number in rural areas would be concentrated in the pilot province. These activities would be coordinated with the other UNFPA-funded activities, especially those for RH/FP and IEC in the pilot province. UNFPA assistance in this pilot province would concentrate on: (a) improving the facilities of the Circles of Interest; (b) strengthening the management, monitoring and evaluation of project activities to better meet the needs of the participating women; (c) increasing the awareness of the directors/monitors and activists of the benefits of RH/FP as well as improving their skills for distributing FLE messages throughout their communities; (d) promoting realistic income-generating activities for members of the Circles of Interest in collaboration with local NGOs; and (e) conducting operational research on attitudes, beliefs and practices that constrain women's autonomy and decision-making.

55. A total amount of $700,000 is proposed for activities in the area of gender, population and development, of which $500,000 would come from UNFPA's regular resources.

Programme reserve

56. An amount of $300,000 has been set aside in the programme reserve to cover unforeseen activities falling within the framework of the proposed programme. The implementation of this programme will require additional support personnel in the field office. The incorporation of two administrative clerks for the duration of the programme is envisaged, with a total cost of approximately $70,000.

Programme coordination

57. The UNFPA field office would assist the Technical Committee of the Population and Planning Unit in coordinating the activities of implementing and executing agencies and monitoring the implementation of the programme. A programme coordinator would be appointed in the pilot province

to work in close collaboration with provincial authorities and to report to the Technical Committee of the PPU and the UNFPA field office. UNFPA would also continue to promote coordination through dialogue with other United Nations organizations (especially UNDP and UNICEF) and with major resident bilateral donor agencies.

Programme monitoring, evaluation and management

58. A review of the programme and updating of the strategies would be conducted in early 1997 in order to develop the country programme covering the period 1998-2001. Progress reports, annual tripartite review meetings and independent evaluations of activities would be required in order to monitor the programme. The Population and Planning Unit as well as coordinators of all UNFPA-supported activities would be encouraged to participate in these tripartite reviews. The UNFPA Country Director would be responsible for programme management.

Financial summary

59. UNFPA would provide assistance in the amount of $12.1 million, of which $6.9 million would be committed from UNFPA regular resources. If UNFPA's funding situation permits, the balance of up to $5.2 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The table below shows how the programme would accommodate the two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Reproductive health and family planning	2,900,000	500,000	3,400,000
Information, education and communication	1,300,000	200,000	1,500,000
Data collection and analysis	400,000	3,900,000	4,300,000
Population dynamics	600,000	100,000	700,000
Population policy formulation	900,000	300,000	1,200,000
Gender, population and development	500,000	200,000	700,000
Programme reserve	300,000	-	300,000
TOTAL	6,900,000	5,200,000	12,100,000

V. RECOMMENDATION

60. The Executive Director recommends that the Executive Board approve the programme for Mozambique as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Mauritius
Support for a population programme

Proposed UNFPA assistance:	$1.5 million
Estimated value of the Government's contribution:	To be determined
Duration:	Three years
Estimated starting date:	January 1995
Executing agencies:	Government of Mauritius United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Economic Planning and Development

/...

Mauritius

Demographic facts

Population (000)		Average annual change (000)	
Total	1,117	Population increase	12
Males	558	Births	22
Females	559	Deaths	7
Sex ratio (/100 females)	99.8	Net migration	-3
Urban	453	Annual population total (% growth)	1.08
Rural	664	Urban	1.60
Per cent urban	40.6	Rural	0.72
Population in year 2000 (000)	1,179	Crude birth rate (/1000)	19.3
Functional age groups (%)		Crude death rate (/1000)	6.5
Young child: 0-4	9.9	Net migration rate (/1000)	-2.0
Child: 5-14	17.8	Total fertility rate (/woman)	2.28
Youth: 15-24	18.5	Contraceptive prevalence rate (% 15-44)	75
Elderly: 60+	8.5	Gross reproduction rate (/woman)	1.12
65+	5.9	Net reproduction rate (/woman)	1.09
Percentage of women aged 15-49	56.0	Infant mortality rate (/1000)	15
Median age (years)	27.2	Maternal mortality rate (/100,000)	126
Dependency ratios: total	50.4	Life expectancy at birth (years)	
(/100) Aged 0-14	41.6	Males	68.3
Aged 65+	8.8	Females	75.0
Agricultural population density (/hectare of arable land)	2.4	Both sexes	71.8
Population density (/sq. km.)	547.0	GNP per capita (U.S. dollars, 1992)	2,700

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1994. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a population programme in the amount of $1.5 million over a three-year period, starting in January 1995, to assist the Government of Mauritius in achieving its population and development objectives. The programme is designed to prepare the way for the eventual phasing out of UNFPA assistance.

2. The proposed programme is based on the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission that visited Mauritius in March 1994; on the Government's strategies and priorities as reflected in the National Development Plan for 1992-1994; on the experiences accumulated during the implementation of the first comprehensive population programme; and on discussions with government officials and representatives of non-governmental organizations (NGOs).

3. Mauritius has been one of the outstanding success stories among developing countries in reaching its demographic goals. Following a period of rapid growth between the censuses of 1952 and 1962, the country began a remarkable decline -- to an annual rate of only 0.79 per cent a year in the period 1983-1990. (The latest United Nations estimates put the rate at just over 1 per cent, see the demographic fact sheet p. 2.) The total fertility rate is 2.3 children per woman (although it had been as low as 2.0 in 1986). However, a contraceptive prevalence survey in 1991 found that the rate of contraceptive use by married women had declined from 75 per cent to 70 per cent in the last five years and also found a shift from modern methods to less-reliable natural and traditional methods.

4. The changes in the country's demographic patterns have been taking place against a backdrop of economic development that resulted in a doubling of the per capita income from 1982 to 1989, reaching $2,700 in 1992, according to World Bank estimates. This has been achieved by shifting the economy from a rural-based mono-crop agricultural economy (i.e., sugar production) to one that is much more diversified with the development of export manufacturing and tourism as major earners. In recent years, there has been almost no unemployment.

5. These successes mean that Mauritius is close to achieving self-reliance in the population field. The proposed programme, with a view to eventually phasing out UNFPA assistance, therefore focuses on consolidating past gains, on addressing the few groups underserved by past efforts, especially adolescents, and on assisting Mauritius in dealing with several issues that are emerging precisely because of past demographic achievements. The proposed programme would supplement government efforts to achieve its goal of maintaining the gross reproduction rate at the replacement level.

6. The particular areas of focus would be on providing reproductive health and family planning (RH/FP) services to adolescents under the age of 16, especially since such services are not currently available to adolescents in any of the government-supported health centres; on making family planning services more accessible to the large numbers of women who work in the country's Export Processing Zones; and on improving facilities and outreach of services to the population on the outlying island of Rodrigues. In addition, UNFPA would work to see that the country's needs for

contraceptives, which are currently being provided by the donor community, are met by the Government and the private sector.

II. BACKGROUND

7. The population of Mauritius increased from 700,000 in 1962 to 851,000 in 1972, to 1 million in 1983, to 1,057,000 in 1990 and to 1.1 million at present. It is projected to reach 1,377,000 by the year 2020. The population growth rate was 3.12 per cent a year during the period 1952-1962. A spectacular decline to 1.97 per cent, 1.48 per cent and 0.79 per cent a year occurred during the 1962-1972, 1972-1983 and 1983-1990 periods, respectively. A further decline to 0.58 per cent a year by the year 2020 is projected. This reduction in the growth rate is mainly attributed to the decline in fertility, and to some extent, to the net emigration of a yearly average of about 3,000 persons during the 1962-1990 period. The rate of natural increase declined from 2.75 per cent in 1962 to 1.17 per cent in 1986, but began to rise again from 1987 onwards to reach a rate of 1.46 per cent in 1992.

8. Total fertility has declined rapidly from about 6.0 in 1962 to 3.5 in 1972 and to 2.3 in 1990. A slight reversal in the downward trend was observed during the mid-1970s and again since 1986 (the year in which the lowest total fertility rate of 2.0 was observed) coinciding with periods of economic recovery. Similarly, the crude birth rate declined from 38.8 per 1,000 in 1962 to 25.3 per 1,000 in 1972 and to 18.6 per 1,000 in 1986, then rose again to 21.3 per 1,000 in 1990. Factors behind this rapid decline include the strong family planning programme; the increase in the mean age at marriage for women from 19.9 in 1962 to 23.8 in 1990; increased levels of education, especially for females; increased female labour-force participation; and improved economic opportunities. The two-child family norm now seems to be accepted by the overwhelming majority of the population.

9. The Central Statistical Office (CSO) indicates that during the intercensal period 1983-1990 fertility has increased among women aged 15-29 but has decreased at older ages. The contribution of the older ages to the total fertility rate fell from 33 per cent in 1983 to 29 per cent in 1990. Since 1986, however, there has been a general increase in fertility rates at all ages. Fertility among those aged 15-19 has increased from an average of 41.1 per 1,000 births in 1983 to 45.2 per 1,000 in 1990.

10. According to the most recent contraceptive prevalence survey (CPS) conducted in 1991, the contraceptive prevalence rate has gone down from 75 per cent to 70 per cent of married women of reproductive age. The CPS also shows a shift from reliable methods of contraception to natural and traditional methods. No comprehensive study has been undertaken of the factors responsible for this observed reversal in previous gains. The Mauritius National Report on Population prepared for the 1994 International Conference on Population and Development (ICPD) seems to suggest that the increase in the total fertility rate may be explained by a "catching up" of marriages and births postponed during harder times as well as by increased reliance on less-effective contraceptive methods. The report envisages that the present wave will crest within the next few years and that fertility will again decline, although at a slower rate.

11. Statistical reports for government clinics show that there was a progressive decline in new acceptors for family planning during the period 1986-1992. A significant rise in new acceptors by

the Mauritius Family Planning Association (MFPA) was, however, registered for 1992, and preliminary national data for 1993 show a definite improvement, a rise of 3.5 per cent over the numbers for 1992. In 1992 alone, 13,200 drop-outs were registered. The drop-out rate was highest in government clinics. The causes and significance of these trends have not yet been fully studied. The Government has approved the introduction of Norplant subdermal implants on a trial basis.

12. To date, there is total dependence on donors for the funding and procurement of contraceptive supplies, and the Government has not indicated how it plans to end this dependence. At present, the Government spends only 2.5 per cent of the health budget on the family planning programme. A small increase in this percentage would be enough to procure required contraceptives, the cost of which is estimated as $240,000 in 1995; $264,000 in 1996; and $290,000 in 1997. This costing does not include the supply of Norplant or intra-uterine devices (IUDs). Another avenue that may not have been explored for resource mobilization is the private industrial sector, which surely has an interest in the reproductive health of its workforce.

13. The first confirmed case of AIDS in Mauritius was reported in 1987. According to a February 1994 Ministry of Health report, 73 HIV-positive and AIDS cases had been reported. An AIDS unit has been created in the Ministry of Health, headed by a national coordinator.

14. The level of mortality, as in the case of fertility, has shown a spectacular decline in the last few decades. However, the decline in mortality started some two decades before the start of the decline in fertility, mainly as a result of the eradication of malaria. The crude death rate declined from 27 per 1,000 in 1944 to 7.9 per 1,000 in 1972 and to 6.6 per 1,000 in 1990. Similarly the infant mortality rate declined from 155 per 1,000 live births in 1944 to 65.1 per 1,000 in 1972 and to 20.4 per 1,000 in 1990. Life expectancy at birth for males increased from 32 in 1944 to 61 in 1972 and 65.6 in 1990; for females it increased from 34 in 1944 to 65.9 in 1972 and 73.4 in 1990.

15. The age structure of the population has changed significantly as a result of the rapid decline in fertility coupled with a similar decline in mortality. The proportion of children under 15 years of age decreased from 45 per cent of the total in 1962 to 29.7 per cent in 1990, while the proportion aged 65 and over increased from 3 per cent in 1962 to 5 per cent in 1990. The increase in the proportion of the elderly population is likely to continue, and the prospect of large numbers of elderly without family support is a national concern.

16. The country has a comprehensive system of free health care geographically within easy reach of the population. According to the National Development Plan (1992-1994), the overall doctor/population ratio has improved from 1 to 1,470 in 1983 to 1 to 1,089 in 1991. Family planning services are obtainable in about 200 service points (146 clinics and 54 supply centres managed by the Government and two clinics managed by the MFPA). Family planning prescription and IUD insertion are handled by physicians. Nurses/midwives are only allowed to ensure follow-up and replenish client supplies. In Rodrigues, there is no resident full-time medical doctor to provide maternal and child health care and family planning (MCH/FP) services. Access to family planning services for young persons aged 16 or less is not allowed in Government-owned hospitals and health centres.

17. Forty-one per cent of the population is concentrated in the urban areas of the main island of Mauritius while in Rodrigues urbanization is almost negligible. Nation-wide, there is a reverse flow out of urban areas. The overall urban population has decreased from 43 per cent in 1972 to 39 per cent in 1990. The well-developed road network and internal communications system and easy access to medical care, schools and recreation facilities in both rural and urban regions make the decision to move to rural regions a relatively easy one. In addition, housing is less expensive in rural areas. The Government's future efforts are directed at preventing any increase in large agglomerations that could cause environmental degradation. The islands have an area of only 2,040 square kilometres. Average population density has increased from 508 per square kilometre in 1983 to 537 in 1990 and to 547 at present. Ninety-seven percent of the population is concentrated on the main island of Mauritius where the population density is 549 per square kilometre.

18. In an attempt to overcome rapid inflation, rising unemployment, balance-of-payments disequilibrium, low reserves and low levels of investment that characterized the economy at the end of the 1970s, the Government embarked upon a stabilization and structural adjustment programme in 1979. The impact was considerable in the years immediately following these changes, with improvements in the overall budget deficit, the external balance of payments and the domestic inflation rate. As a result, subsequent indicators confirmed sustained improvements in economic performance until the beginning of the 1990s. The gross domestic product trebled in real terms over the 1970-1990 period, resulting in an average annual growth rate of 6 per cent. Over the period 1982-1989, per capita income at current market prices doubled, representing an annual growth rate of approximately 14 per cent. In 1992, the per capita gross national product was $2,700, according to the World Bank.

19. The labour-force participation rate has remained stable for males at slightly above 80 per cent. Female participation in the labour force, however, has increased from 34 per cent in 1983 to 37 per cent in 1990. In the Export Processing Zones, 69 per cent of the workforce are women. The innovations in employment opportunities offered to women, particularly through the Export Processing Zones, although bringing improved material conditions, have also created problems and tensions resulting from a rapid change in daily routine and work patterns. New types of health and social problems have arisen: excessive fatigue, stress and depression; an increase in the incidence of anaemia; an increase in violence; new disease patterns; problems with reproductive health; exposure of adolescent girls to sexually risky behaviour; deficient child-care structures, etc. The access to family planning for women working in Export Processing Zones has become difficult as most public family planning delivery points are closed by the time the workers are off duty.

20. Mauritius has one of the highest literacy rates (for 12-year-olds and above) among developing countries: 86.5 per cent for males and 76.7 per cent for females, according to the 1990 census. In the 12-24 age group, literacy rates are slightly higher for females than for males.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

21. UNFPA's assistance to Mauritius began in 1972 with support for strengthening the MCH/FP sector. Assistance prior to 1989 was on a project-by-project basis and amounted to $4 million. During that period, UNFPA supported projects to develop the MCH/FP programme, supply contraceptives, introduce population and family life education into the curricula of secondary

schools, and provide assistance for the 1983 Housing and Population Census and for the 1985 Contraceptive Prevalence Survey.

22. The first comprehensive programme of UNFPA assistance to Mauritius was approved by the Governing Council in 1989 in the amount of $2.5 million for the four-year period 1989-1992. A total amount of approximately $1.9 million (76 per cent of the approved amount) had been spent by December 1994. The programme was extended through 1994 after a Country Programme Review undertaken in 1992 had noted that only 50 per cent of the programme resources had been spent and that several anticipated programme activities had not been carried out, including family life education for youth. During the period of the extension, the focus of the programme was on MCH/FP, information, education and communication (IEC), and women, population and development.

Maternal and child health and family planning

23. The Government of Mauritius approved a national family planning programme in 1964. The following year, the Government extended financial assistance to two NGOs -- the Mauritius Family Planning Association (MFPA), an affiliate of the International Planned Parenthood Federation (IPPF); and Action Familiale de Maurice, which promotes natural family planning -- in order to encourage family planning education and services. Prior to 1989, UNFPA assistance concentrated on improving the quality and accessibility of integrated MCH/FP services on the main island of Mauritius and on Rodrigues. From 1989 on, under the first comprehensive population programme, UNFPA provided assistance to upgrade MCH/FP services and to reduce the annual population growth rate from 2.4 per cent to 1.2 per cent. These targets were met. Since 1993, in the absence of other donor commitment, UNFPA took over the supply of all contraceptives, which had previously been provided by the United States Agency for International Development (USAID). For Rodrigues, support was provided to enhance programme management and service delivery, to increase family planning coverage and to undertake IEC activities aimed at youth and males.

24. In spite of the high overall contraceptive prevalence rate of about 70 per cent, the 1991 contraceptive prevalence survey revealed that 20 per cent of last pregnancies were unplanned. The findings of the survey are being used to guide the Government's policy in the provision of MCH/FP services. The MCH/FP sector was reviewed again in 1993 by a UNFPA Country Support Team (CST) adviser who recommended that UNFPA assistance should focus on addressing such emerging issues as the high incidence of adolescent pregnancies, the shift in usage of modern to less-reliable contraceptive methods, and the apparent increasing incidence of abortion. The adviser further recommended that the strategy for 1993-1994 should aim at strengthening adolescent-oriented activities and encouraging the use of more-reliable family planning methods for families having achieved their desired family size. Reinforced IEC activities and increased accessibility of family planning services for working women were also suggested.

25. UNFPA has also supported broadening the contraceptive mix through the introduction of Norplant. Training of trainers is completed, and implants will be provided to 300 women volunteering to participate in the clinical study. It is expected that Norplant will be introduced in the near future into the range of methods available through the National Family Planning Programme.

Information, education and communication

26. In 1987, UNFPA approved a project to introduce population and family life education (FLE) in 72 out of 125 secondary schools. The project has encountered numerous difficulties. The FLE subjects were not adequately integrated into the syllabus; moreover, the FLE course is not for credit and thus is considered unimportant. The teachers involved have not been adequately trained in the subject matter, and coordination among the parties responsible for the project has been inadequate. An in-depth evaluation of the project in 1993 confirmed the low implementation rate and highlighted the delays, inadequate backstopping, and the inadequate quality of the materials developed as issues that require remedial action. The mission recommended that the problem of institutional structure, including availability of staff, be addressed, that the training of teachers be improved and that better lines of communication with schools be established for efficient monitoring.

27. As for out-of-school youth, UNFPA provided assistance for training a multidisciplinary team of six nationals in various aspects of IEC programme formulation and management, both for the main island of Mauritius and for Rodrigues. The primary goal was the introduction of FLE in the activities of youth centres as a way of encouraging responsible sexual behaviour.

Data collection and analysis

28. Mauritius has conducted three population and housing censuses with UNFPA support (1972, 1983, 1990). The projects were executed by the United Nations with technical backstopping by the Economic Commission for Africa (ECA). For the 1990 Housing and Population Census, UNFPA support focused on building up the institutional capability of the Central Statistical Office (CSO) in census cartography, data processing, census enumeration and data analysis. All essential phases of the census were carried out as scheduled, and relevant reports have been published and circulated. An analysis of the results was presented in summary form during a seminar organized in December 1993.

Population dynamics

29. The first comprehensive population programme made provision for the incorporation of population and development courses in the curricula of the Social Sciences Department and the School of Administration of the University of Mauritius as well as in the Mauritius Institute of Health. At the request of the Government, funds earmarked for this sector were instead used to fund a population and sustainable development project that developed a software package to facilitate understanding of the interaction between population, changes in the socio-economic structure and the environment. A publication summarizing the substantive research conducted on recent and likely future trends in these areas was published. Seminars were also organized on the applications of this model. Unfortunately, the model has not yet been employed by potential users.

Women, population and development

30. Prior to 1989, UNFPA provided assistance to an NGO, the Self-Help Association, in two of its centres situated in under-developed areas in the south of Mauritius and in Rodrigues. Activities included training of young women, mostly school drop-outs, in marketable sewing, embroidery and

handicrafts skills; organization of lectures on planned parenthood and MCH/FP; and running of day-care centres.

31. During the first comprehensive population programme, UNFPA supported efforts on the main island of Mauritius to improve the status of women and to prepare them for entry into the labour force by reinforcing the role and activities of the social network of the Ministry of Women's Rights, Child Development and Family Welfare. This included the introduction of FLE for newlywed couples and the development of day-care facilities for working mothers. Ten social centres were selected to be upgraded. Training of social welfare workers in FLE and other fields was provided. A survey on the status of social welfare centres was organized to assist in identifying problem areas and activities for which there was public demand. A review of these activities in 1993 recommended strengthening the FLE component and including the family counselling centres among the centres to be upgraded. It also recommended setting up an information and documentation system to provide support for FLE activities in the upgraded centres.

32. In Rodrigues, support was provided for income-generating activities and FLE for economically and socially disadvantaged women. An evaluation of these activities undertaken in December 1993 noted that they had been successful vis-a-vis fisherwomen but not women in the handicraft sector, since there was no market for their products. The evaluation recommended that the FLE component should be reinforced and extended to other disadvantaged women.

Other external assistance

33. WHO, UNICEF and UNDP have supported a number of initiatives in the field of MCH, AIDS and women-in-development activities. UNDP's on-going fifth country programme (1993-1997) of $3.8 million contains provision for supporting the preparation of the recently launched "White Paper on Women in Development"; training of women entrepreneurs; and assistance to strengthen the National AIDS Control Programme and to address the effects of non-communicable diseases. The present UNICEF country programme, 1990-1994, is for $1.5 million from general resources and $565,000 in supplementary funds. The annual programme budget was raised to $750,000 for 1992-1994. WHO assistance to the Government of Mauritius covers the following sectors: AIDS, non-communicable diseases, research and training. A key strategy for achieving the goals of the Health For All programme is to provide assistance to mobilize support for community health care and to provide individuals and families with the means to look after their own health.

34. Action Familiale de Maurice, an affiliate of the International Federation for Family Life Promotion, has had a series of grants for regional training and research in natural family planning. USAID has supported Action Familiale in research on the length of time natural family planning methods are used by clients. The study showed a use-effectiveness rate of 91 per cent during a two-year period. The number of registered natural family planning users in the Mauritius programme is approximately 35,000, with an annual average of 1,700-1,800 new users.

35. The Mauritius Family Planning Association was formed in 1957 and became an IPPF member in 1969. The Association has aimed at making family planning information and contraceptive services available to all communities and reinforcing government programmes in order to achieve a reduction in the population growth rate through integrated information, education and

service programmes for high-priority groups such as youth and males, and through such projects as community-based service delivery and sterilization. In addition, the Association aims at strengthening its FLE and youth fertility-management activities as well as planned parenthood and women's development programmes.

36. MFPA's Alternative Service Delivery Project for workers on site has resulted in increased use of contraceptive methods, although a significant number of workers still lack access to these services. Distribution of contraceptives through retail and commercial outlets and vending machines has increased availability at the community level. The MFPA has also received grants from the Association for Voluntary Surgical Contraception for training in interval mini-laparotomy for local and regional participants in order to increase the accessibility of voluntary surgical contraceptive services.

37. The World Assembly of Youth, in cooperation with Population Concern, organized a national workshop to educate and train youth workers in the integration of population issues into non-formal education programmes. Twenty-five youth workers attended a five-day workshop.

IV. PROPOSED PROGRAMME 1995-1997

38. The proposed programme, with a view to eventually phasing out UNFPA assistance, focuses on consolidating past gains, on addressing the few groups underserved by past efforts, especially adolescents, and on assisting Mauritius in dealing with several issues that are emerging precisely because of past demographic achievements. The particular areas of focus would be on providing reproductive health and family planning (RH/FP) services to adolescents under the age of 16, especially since such services are not currently available to adolescents in any of the government-supported health centres; on making family planning services more accessible to the large numbers of women who work in the country's Export Processing Zones; and on improving facilities and outreach of services to the population on the outlying island of Rodrigues.

39. The proposed programme therefore aims at improving maternal health, minimizing the occurrence of pregnancy below age 20 and above age 34, decentralizing MCH/FP services and expanding IEC activities as well as undertaking measures to address the needs of specific population groups such as youth and employed women. The proposed country programme would assist the Government of Mauritius in: (a) developing appropriate responses to challenges brought about by past demographic and socio-economic success; (b) ensuring access to quality family planning through provision of high-quality, convenient care and innovative service delivery modes as a way of expanding coverage in general and of reaching youth and working women in specific; and (c) developing and implementing an integrated multisectoral programme for adolescents and youth to encourage responsible life choices.

40. The programme objectives would be achieved through the following: (a) establishing a systematic database to clarify the nature and determinants of emerging population and reproductive health issues; (b) reinforcing government efforts to incorporate women's concerns in all development efforts; (c) providing support for NGOs and private-sector groups able to provide quality family planning services in order to expand the coverage of the defined special target groups; (d) broadening the range of effective contraceptive methods; (e) re-examining current regulations

concerning family planning with a view to bringing fertility-regulation methods within the reach of the increasingly sexually active youth population; (f) conducting a major media and advertising campaign to provide appropriate responses to emerging issues; and (g) expanding training in counselling skills for FLE workers, youth leaders, peer counsellors, family planning motivators and school guidance teachers.

41. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) which was endorsed by the General Assembly through its resolution 49/128; that is, that human beings are at the centre of concerns for sustainable development (principle 2 of the Programme of Action); that population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of the life of all people (principle 5); that advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes (principle 4); that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (principle 8); that reproductive health-care programmes should provide the widest range of services without any form of coercion (principle 8); and that the principle of informed free choice is essential to the long-term success of family-planning programmes; that any form of coercion has no part to play; that governmental goals for family planning should be defined in terms of unmet needs for information and services; and that demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients (chap. VII, para. 12 of the Programme of Action).

Reproductive health and family planning

42. The main objectives of the Government as stated in the 1992-1994 National Development Plan are: (a) to improve the effectiveness of existing family planning programmes and services (including their IEC components) in order to address the increasing number of abortions and unplanned pregnancies, the deterioration in the contraceptive method mix, and the increasing number of contraceptive-user drop-outs and couples not using family planning methods; and (b) to improve the health of mothers and infants, with emphasis on reducing risky adolescent reproductive behaviour leading to unplanned pregnancies and abortions. With the improved reproductive health services envisaged in the plan, the Government expects perinatal mortality rates to decline from 24.7 per 1,000 in 1992 to 20.0 per 1,000 by the year 2000 and maternal mortality rates to decrease by half during the same period, from 40 per 100,000 live births to 20 per 100,000.

43. UNFPA would provide $750,000 for RH/FP activities. Of this, $250,000 would be earmarked to undertake service-oriented research. The research agenda would include an examination of such issues as: (a) the factors leading to the perceived shift to less-effective contraceptive methods and to the increasing number of drop-outs; (b) the factors leading to abortions and their impact on women's health; (c) the health profile of pregnant women; (d) the cause and consequences of adolescent pregnancies; and (e) the increasing prevalence of single-parent households.

44. Another $200,000 would be set aside to strengthen the national capacity to expand the mix of contraceptive methods. These funds would complement the Government's own financing of contraceptive supplies, including Norplant, as well as the private-sector contribution. To assure availability of contraceptives while at the same time supporting national efforts for self-sufficiency in contraceptive supplies, UNFPA would provide partial funding for the procurement of contraceptives: up to 50 per cent of national requirements in 1995, 30 per cent in 1996, and 20 per cent in 1997.

45. Finally, $300,000 would be reserved for activities aimed at reducing adolescent fertility by at least 50 per cent through the establishment health counselling and service centres for adolescents and youths. The Ministry of Youth and Sports operates the centres where these activities would take place. Ministry of Health personnel would provide the services in these centres.

Information, education and communication

46. In the past, the national IEC strategy emphasized general awareness-creation focusing on the value of birth-spacing and the adoption of a two-child family norm. The training curricula for key MCH/FP service providers emphasized skills in motivating acceptors and providing clinical services. Given the success of the National Family Planning Programme in achieving its demographic goals and in achieving general acceptance of the small family norm and general awareness of family planning possibilities, national IEC efforts should be reoriented to address audiences such as youth not adequately reached by past efforts and to address issues beyond family planning.

47. Support for the IEC sector would aim at: (a) facilitating coordination of the population IEC activities of parastatal, public and non-governmental organizations; (b) popularizing FLE, especially among youth; (c) developing and beginning implementation of a more-effective strategy for introducing population and FLE in schools and vocational training institutions; and (d) developing research-based IEC interventions at both the central and regional levels. Specifically, UNFPA support would permit: (a) establishing an IEC sub-committee of the newly created National Population and Development Committee composed of the relevant units of all institutions engaged in IEC activities; (b) expanding training in counselling skills for FLE; and (c) sensitizing school personnel, parent-teachers associations, Ministry of Education officials and policy makers to current programme issues and needs in family life education. In addition, a greater involvement of the UNFPA Country Support Team for technical backstopping, training of teachers and materials development is envisaged. UNFPA would provide $400,000 for activities in the IEC sector.

Population policy formulation and implementation

48. The implicit population policy of Mauritius of the past two decades was fertility reduction. This has been successfully achieved. Other population-related issues (abortion, adolescent fertility, age-structure changes, the increased presence of women in the workforce, social difficulties created by rapid industrialization, and threats to the environment) have since emerged. The objectives of activities in this sector would be to assist the Government in: (a) coordinating population activities of the different ministries through the creation of a National Population and Development Committee; (b) undertaking policy-oriented studies to adequately address such emerging issues; and (c) formulating appropriate policies to take into account demographic, social, economic and

industrial indicators. A total of $150,000 would be set aside to support this sector, most of it in carrying out policy-oriented studies.

Women, population and development

49. Although significant progress has been made during the last decade, there are still issues to be addressed to improve the socio-economic status of women. Trends in the entry of women in the labour force show that the most dramatic increase has been in the manufacturing sector. However, job segregation by gender remains evident, with females occupying the low-status, low-pay jobs with high turnover. The Government has recently established a committee to review gender discrimination in employment.

50. The Government, through the Ministry of Women's Rights, Child Development and Family Welfare, has identified multiple dimensions of women's issues that need specific policy responses. In March 1994, the Ministry released a "White Paper on Women in Development", which is a comprehensive programme of action for the full integration of women in economic development. The essential recommendation is to mainstream gender issues in all sectors by promoting gender awareness and by eliminating all forms of gender stereotyping in policy processes and policy instruments through: (a) making gender planning an inherent part of the policy- and decision-making processes in all sectors; (b) providing intensive training in gender perception, sensitization, analysis and planning; (c) undertaking an in-depth study on gender attitudes and how these attitudes affect both men and women in their daily lives; and (d) eliminating all instances of gender stereotyping from IEC campaigns, formal educational syllabuses and the media.

51. Specifically, UNFPA would support: (a) research on the condition of women and their changing roles, on reproductive rights, and on adolescent pregnancy; (b) capacity building to enable the Ministry of Women's Rights, Child Development and Family Welfare to implement the policies and programmes contained in the White Paper; (c) training in FLE for women in the social welfare centres; (d) data collection on women's participation in economic activities; and (e) training in the integration of women's concerns into socio-economic planning for the staff of the Ministry of Women's Rights, Child Development and Family Welfare. The FLE component of the ongoing women's project in Rodrigues would be reinforced and extended to other women engaged in income-generating activities and who benefit from the revolving fund already established. A total of $150,000 is earmarked for women, population and development activities.

Programme reserve

52. An amount of $50,000 has been set aside as a reserve to cover unforeseen activities falling within the context of the present programme.

Programme coordination

53. The coordination of external assistance is the responsibility of the Ministry of Economic Planning and Development. The proposed programme provides for strengthening government coordination capability in the area of population. The establishment of the National Population and Development Committee is designed to serve as an effective mechanism to coordinate UNFPA-

supported population activities as well as the overall national programme. Regular meetings between the UNFPA local office and officials of UNFPA-supported projects as well as with the Ministry of Economic Planning and Development would be held to monitor the implementation of programme activities. In the context of the Joint Consultative Group on Policy (JCGP) mechanism, regular meetings would be organized with officials of the other United Nations organizations in the country in a concerted effort to harmonize and avoid duplication of activities.

Programme management, monitoring and evaluation

54. Under the overall supervision of the UNFPA Representative, who is also the UNDP Resident Representative, the UNFPA Country Director has responsibility for the management of the programme. The UNFPA Country Director stationed in Madagascar would visit Mauritius at least three times a year to monitor the programme with the assistance of the locally-based UNFPA national programme officer and national programme and finance assistants. The standard UNFPA procedures would be followed for monitoring the implementation of programme activities -- semi-annual progress reports, visits to project sites, participation in seminars, annual tripartite review meetings and programme reviews. All activities would have mechanisms for built-in evaluation, and the major ones would be subject to independent evaluation. A review of the overall programme would be conducted in 1997.

Financial summary

55. As indicated in paragraph 1, UNFPA will provide assistance in the amount of $1.5 million over the three-year period 1995-1997. The following table shows how the programme would accommodate this funding.

	UNFPA regular resources $
Reproductive health and family planning	750,000
Information, education and communication	400,000
Population policy formulation and implementation	150,000
Women, population and development	150,000
Programme reserve	50,000
TOTAL	1,500,000

V. RECOMMENDATION

56. The Executive Director recommends that the Executive Board approve the proposed programme of assistance for Mauritius as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Governments of Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan
Support for a population programme

Proposed UNFPA assistance:	$23 million, of which $18 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Three years
Estimated starting date:	January 1995
Executing agencies:	Respective Governments of the six countries United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agencies:	Selected ministries of each respective country

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Selected demographic and health indicators

	KAZAKHSTAN	KYRGYZSTAN	TURKMENISTAN	UZBEKISTAN	TAJIKISTAN	AZERBAIJAN
Population (000)	(1992) 17,048	(1993) 4,518	(1993) 3,900	21,453	(1993) 5,600	(1994) 7,400
Growth rate (%) 1990-1992	0.8	1.3	2.5	2.1	3.3	2.0
Crude birth rate (per 000) 1985-1990	24	31	36	36	38.7	26.4
Crude death rate (per 000) 1985-1990	8	7	8	7	6.5	6.4
Total fertility rate (per woman) 1985-1990	3.0	4.0	4.6	4.4	5.3	2.7
Life expectancy at birth 1985-1990	69	68	65	69	66.8	66.6
Infant mortality rate (per 000 live births)* 1985-1990	28	40	54	43	40	43.2
Maternal Mortality rate (per 100,000 live births)	67.2	120	134	42.8	120	35
Percentage urban	58	38	25	40	30.0	53.0
Persons per square kilometre	6	23	8	48	36	81.6
CPR (%)** (1993-1994)	25	22	17	41.3	13	1.5
Abortions per 1,000 women 15-49 years	86	86	48	46	46.5	23.3
Dependency ratio per 1,000 persons of working age	812	986	1011	1038	940	610
Persons per medical doctor	302	262	278	297	421	286

*The data on infant mortality are based on the definition used by the former Soviet Union, which differs from the standard definition used by WHO. As a result, the levels reflected in this table are lower than if they had been calculated using the WHO definition.

**CPR refers to contraceptive prevalence rate. Contraceptive practice is based almost entirely on the use of intra-uterine devices. Only 1 to 2 per cent of women of reproductive age (and even less in the case of Azerbaijan) are using oral contraceptives.

Sources: Population totals and growth rates are based on United Nations estimates; crude birth and death rates, fertility rates, life expectancy and infant mortality rates are based on the 1989 census of the former Soviet Union; maternal mortality rates, contraceptive prevalence rates and dependency ratios are based on government sources.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a population programme in the amount of $23 million, of which $18 million would be programmed from UNFPA's regular resources, over a three-year period, starting January 1995, to assist the Governments of Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan in achieving their population and development objectives. UNFPA would seek to provide the balance of $5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be UNFPA's first programme of assistance to these countries.

2. The proposed programme of assistance to the six countries is based on: (a) the findings and recommendations of a sectoral review mission that consulted with government officials as well as with the representatives of agencies of the United Nations system, international non-governmental organizations (NGOs) and bilateral donors in four countries in October-November 1992; and (b) the findings and recommendations of the project formulation missions fielded in April-May 1994 to Central Asia and Kazakhstan and in September 1994 to Azerbaijan. The programme seeks to address the following four key issues: (a) the high rate of induced abortion; (b) the frequency of births; (c) the lack of choice of fertility-regulation methods; and (d) inadequate information about reproductive health and modern methods of family planning.

3. The programme is designed to assist the Governments of the six countries in improving women's reproductive health mainly through interventions in the areas of reproductive health and family planning (RH/FP) and information, education, and communication (IEC). Support to other sectors will be limited to activities closely linked to these core sectors and necessary to backstop them. The objectives of the programme are: (a) to increase choice and access to contraceptive services and thereby decrease reliance on abortion as the primary means of fertility regulation; (b) to improve the quality of family planning services and assist in expanding the child-spacing programmes that the Governments have already launched; (c) to enhance the ability of individuals and couples to make informed decisions on child spacing; and (d) to increase the contraceptive prevalence rate by at least 20 percentage points by the end of the programme.

4. The programme strategy is based on the premise that international assistance is to be provided as a collaborative effort during the period of political and socio-economic transition that these countries are currently undergoing. There is an urgent need to start providing this assistance immediately due to the scope and magnitude of people's needs in the area of reproductive health and the current inability of the countries to deal with these needs because of their current economic situations and the lack of resources and knowledge. If timely support is not provided, these needs will certainly grow. There is the risk that as these countries go through a difficult transitional period attention may be diverted away from population issues. This would mean that future population activities would be more costly and time consuming. Thus, it is important to support these countries at this crucial juncture.

5. The proposed programme would address these problems by: (a) improving access to quality reproductive health services (including counselling for service providers on how to use a client-centred

approach that allows for client autonomy and choice) and to a reliable and continuous supply of a wide range of contraceptives; (b) increasing access of the six countries to updated information and international experience in all aspects of reproductive health, family planning and population issues in general; (c) strengthening the technical capacity of selected population-oriented institutions to enable them to implement, monitor and manage population-related undertakings; and (d) identifying priority audiences and regional variations for IEC interventions.

6. A single programme framework with similar objectives and strategic orientations is being proposed for all six countries in light of the similarities of their socio-economic and political situations and the fact that they share common concerns and interests. However, for selected interventions, a subregional approach will be adopted to complement the country-specific activities. The proposed funding would be apportioned among the six countries on the basis of population size, absorptive capacity and relevant reproductive health indicators.

7. The subregional activities would be designed to promote the exchange of experiences with other countries in Asia as well as to provide opportunities for professionals in the six countries to benefit from the experience of other parts of the world. A subregional approach has advantages in terms of cost-effectiveness, optimum utilization of available human and institutional resources and as a way of promoting greater cooperation among the countries and institutions of the subregion.

II. BACKGROUND

8. Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan together contain about 60 million people living in approximately 4 million square kilometres of territory. Central Asians are overwhelmingly Sunni Muslims and Turkic speaking, with the exception of the Persian-speaking Tajiks. Azerbaijanis are primarily Shi'ite Muslims. These six countries, though different in many respects, share many common social, economic, demographic and cultural features. Economically they were among the poorest parts of the former Soviet Union. Today, each of these countries is facing severe economic challenges as the markets for their products and the sources of many of their imports are being restructured. Inflation and financial disequilibrium are assuming dramatic proportions. All six countries are severely limited in their ability to make purchases in the world's hard-currency markets. The money available for the purchase of essential drugs and equipment has been curtailed, and the purchase of contraceptives has been given a lower priority than the purchase of drugs needed to deal with life-threatening diseases.

Demographic trends

9. Among other countries that had been part of the former Soviet Union, these countries stand out demographically for their significantly higher fertility. Total fertility rates range from 3 to 4.6 children per woman. Rates of population increase range from moderate to high: from 0.8 per cent a year in Kazakhstan to 3.3 per cent in Tajikistan. In all six countries there are substantial differences in demographic behaviour between rural and urban dwellers and between ethnic groups of Asian and European origin: the fertility of rural populations and groups of Asian origin is typically twice that of urban populations and of groups of European origin.

10. Mortality levels are generally moderate in the six countries. Life expectancy at birth is between 65 and 70 years. Infant mortality rates range from 28 per 1,000 live births in Kazakhstan to 54 per 1,000 in Turkmenistan, with considerable regional variation within countries. From the perspective of developed countries, the maternal morbidity ratios are high; from a developing country perspective, they would be considered low. They range from 35 per 100,000 live births in Azerbaijan to 134 per 100,000 in Turkmenistan. In all countries the ratios have risen since 1987. Ministry of Health officials see these maternal mortality rates as being too high and, alarmed by the increase, they are concerned about taking measures to improve maternal survival.

11. Short intervals between births are an important factor in both high fertility and the moderately high rate of infant mortality and are a matter of great concern to medical authorities in each of the countries. It is reported that some 20 per cent of all births occur with intervals of one year or less.

Population policy

12. None of the six countries has a stated population policy aiming at decreasing population growth. The Governments have delineated the framework in which they consider it appropriate to work on any population issues at this time. At present, the population growth rate is not an official concern of any of the six countries, and child-spacing is viewed as an element in a reproductive health programme rather than as a means to achieve demographic, social or economic goals.

Family planning

13. All six countries have initiated family planning programmes for birth-spacing as a way of preventing high maternal and infant mortality and morbidity and of reducing the number of abortions. These programmes mainly promote the use of intra-uterine devices (IUDs) and are targeted mainly towards couples. Abortion remains the main method of fertility regulation and prevails over the use of contraceptives for family planning purposes. Especially in rural areas, choices for women are limited to abortions, traditional methods of contraception and, occasionally, IUDs. Oral contraceptives have been little used due to the strong negative perception of the medical community, based on earlier experiences with high-dose pills, that oral contraceptives have significant adverse side-effects. Condoms also have had limited use due to the virtual absence of male participation in family planning activities. A handful of cases of AIDS have been reported; however, the use of condoms as protection against the disease is little discussed.

14. Other contraceptive methods, including injectables, are almost unknown. Surgical contraception is also rare. The contraceptive prevalence rate varies from 1.5 per cent in Azerbaijan to 41.3 per cent in Uzbekistan. All countries have used only medical doctors, e.g., obstetricians and gynecologists, for the delivery of family planning services. There is no involvement of other medical personnel in family planning activities, not even for IEC activities and counselling. All six countries lack up-to-date knowledge, skills and supplies related to contraceptive technology, having been relatively isolated from developments in these areas for decades.

Abortion

15. An extremely high level of induced abortion is the most characteristic feature of the reproductive health situation in the six countries. According to the most recent official statistics, the levels of induced abortion range between 23.3 and 86 per 1,000 women of child-bearing age. However, substantial numbers of abortions are unregistered. In some cases, these unregistered abortions may account for up to 70 per cent of all induced abortions. Abortion is used not only for limiting the number of births but for birth-spacing as well. The quality of abortion and of related anaesthetic services is very low. As a result, there are extensive health consequences associated with the large numbers of induced abortions. These include immediate post-abortion infections, secondary infertility and even death. Infertility, which by conservative estimates exceeds 10 per cent of all women, is a major concern.

Structure of the health-care system

16. All six countries have identical systems and structures of health services and are facing similar problems of acute shortages of supplies, including drugs, vaccines and contraceptives. Each country has an extensive health-care system with a functioning decentralized primary health-care system consisting of numerous village health feldscher (paramedical) posts, village doctor posts, and district, region and oblast (provincial) hospitals. At the national level, there is a central hospital and a national gynaecological and obstetric centre in each country. Parallel to this referral structure, there are dispensaries throughout each country that are staffed by various specialists depending on the profile of the dispensary; these dispensaries function mainly on an out-patient basis. At present, almost all medical services, including child-spacing services, are available only through government institutions. However, NGOs may come to play a useful supporting role in the provision of child-spacing services.

Information, education and communication

17. The need for support IEC activities is critical, both for creating demand as well as for meeting it through providing information on choices of methods. None of the six countries has a clear health education policy or health education directives. The central body responsible for health education is the National Centre for Health Education in each Ministry of Health. The goal of this National Centre is to promote healthy lifestyles through health education. The National Centre operates through the centres of health education at the regional and district levels. Usually, radio is used by these regional and district centres to broadcast information on health programmes. There are some journalists interested in family planning and reproductive health, but most do not have specific training in the field.

18. There is no specific subject called "sex education" in schools, but all students are taught "Ethics and Psychology of Family Life" as a mandatory subject between grades 8-10. Usually, young people who want to marry have to attend premarital educational sessions. At these sessions, family planning is dealt with peripherally, and birth-spacing is mentioned in general terms.

19. In all six countries, men, especially husbands, are the key decision makers in all important family matters, including the number of children a couple should have. Women as mothers-in-law also have a strong voice in such matters. Therefore, these two groups must be important focuses of any IEC strategy.

Adolescent girls and future mothers also need to receive appropriate information. IEC activities in general should take into account religious factors that may inhibit acceptance and use of family planning services. The Governments of these countries have placed an emphasis on learning from the experiences of other countries, especially those with similar sociocultural values, in developing their own IEC activities.

Population and environment

20. Economic development in the six countries is complicated by a disastrous environmental legacy. There is a sharp and widely felt concern for the environmental deterioration being experienced in the region. The four most frequently cited sources of environmental contaminants in the Central Asian Republics, Kazakhstan and Azerbaijan are agricultural pesticides, industrial chemicals, radioactive materials and human waste. For female agricultural labourers, agricultural production may be a significant source of exposure to contaminants, as pesticides, herbicides and fertilizers are widely used in cotton production, the primary agricultural activity in the Central Asian Republics.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

21. In response to General Assembly resolution 47/187 requesting the Secretary-General to report on the role of the United Nations system in addressing problems confronting "economies in transition", UNFPA initiated a number of activities both to provide emergency assistance and to pave the way for future development cooperation. UNFPA participated in the United Nations Joint Collaborative Mission to the Newly Independent States, which took place in February 1992. The mission found the need for assistance in the family planning sector to be great among the countries in Central Asia and therefore called for immediate emergency assistance in this area.

22. As a follow-up, the Fund organized two missions to assess specific needs in family planning. These missions were funded by the Government of Germany under a trust-fund arrangement. Under the same trust-fund arrangement, emergency supplies of contraceptives were provided to Kazakhstan, Tajikistan, Turkmenistan and Uzbekistan. The missions identified strategies and priority needs in the areas of family planning. With funding from UNFPA, in 1993 Family Health International provided training in family planning in Bishkek and Tashkent for 52 participants from all Central Asian Republics and Azerbaijan.

23. In 1994, UNFPA fielded three programming missions to the Central Asian Republics, Kazakhstan and Azerbaijan. The joint UNFPA/United Nations Statistical Division mission reviewed the capabilities of the countries' statistical agencies for demographic data collection and analysis and subsequently assessed training needs in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. Through the UNFPA Country Support Team located in Kathmandu, Nepal, UNFPA reviewed current contraceptive needs and the countries' logistics and management information systems. The total cost of contraceptive supplies for five countries (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) for the period 1994-1996 was estimated at $9.5 million. As a follow-up to these missions, and pending the approval by the Executive Board of a proposal for a formal programme of assistance to the countries concerned, approximately $1 million for each of these five countries was allocated for the period 1994-1997, primarily for the provision of contraceptives and for training in their use and distribution. Expenditures to date amount to approximately $4 million, or some 80 per cent of these allocations.

24. The United Nations presence in these countries is in different stages. It is, however, likely to play a dominant role in human resource development. The World Bank is largely involved in the macro-economic processes of assisting the transition from centrally planned to market economies.

25. The only other large-scale assistance being provided to the countries of Central Asia and Kazakhstan in the area of birth-spacing is from the United States Agency for International Development (USAID). Under a consortium of cooperating agencies, USAID is planning to spend $6 million in 1995 to help address the countries' reproductive health needs. The main components of the USAID programme include limited provision of contraceptive supplies; clinical training in post-partum and post-abortion contraception, including sterilization; IEC support; and work with the private sector, particularly pharmacies.

26. Family Health International has been working in the republics of Central Asia since 1993, providing training and technical assistance that contributed to changes in the countries' maternal and child health and family planning (MCH/FP) programmes and helped to create, in cooperation with other agencies, a network of highly motivated government health personnel who are favourably disposed towards family planning. This situation constitutes a real opportunity to build on momentum, to guide change and to achieve the maximum impact from any MCH/FP interventions that UNFPA undertakes.

IV. PROPOSED PROGRAMME 1995-1997

27. A single programme framework with similar objectives and strategic orientations is being proposed for all six countries in light of the similarities of their socio-economic and political situations and the fact that they share common concerns and interests. However, for selected interventions, a subregional approach will be adopted to complement the country-specific activities. The proposed funding would be apportioned among the six countries on the basis of population size, absorptive capacity and relevant reproductive health indicators.

28. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) which was endorsed by the General Assembly through its resolution 49/128; that is, that human beings are at the centre of concerns for sustainable development (principle 2 of the Programme of Action); that population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of the life of all people (principle 5); that advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes (principle 4); that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (principle 8); that reproductive health-care programmes should provide the widest range of services without any form of coercion (principle 8); and that the principle of informed free choice is essential to the long-term success of family-planning programmes; that any form of coercion has no part to play; that governmental goals for family planning should be defined in terms of unmet needs for information and services; and that demographic goals, while legitimately the subject of government

development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients (chap. VII, para. 12 of the Programme of Action).

Reproductive health and family planning

29. The proposed programme has four goals in this area: (a) to promote women's reproductive health and to reduce the number of abortions; (b) to increase the contraceptive prevalence rate by approximately 20 percentage points by the end of the programme by making quality RH/FP services available, accessible and acceptable, with a special emphasis on fulfilling the unmet needs of adolescents; (c) to enhance the ability of individuals and couples to make informed child-spacing decisions; and (d) to improve the knowledge base by conducting research on reproductive health issues.

30. To achieve these goals, measures need to be taken in a variety of areas. An important priority is to assess the contraceptive prevalence rate and to estimate what future requirements will be needed. In order to change popular perceptions about the benefits of birth-spacing, it will be necessary to conduct, and analyse the findings, a knowledge, attitudes and practice (KAP) survey as well as other baseline surveys, both at the beginning and at the end of the programme as a way of ensuring that an adequate stock of the appropriate mix of quality contraceptives is available.

31. The clinical and counselling skills of primary health service providers need to be improved and updated, and other professionals need to be trained in the specific areas of the programme interventions. This would involve making available in the Russian language technical documents and literature concerning birth-spacing, modern contraception and reproductive health in general. Important subgroups such as adolescents need to be targeted to receive pilot reproductive health services. Key decision makers need to be provided with relevant information about RH/FP, including birth-spacing and reproductive health success stories. UNFPA would also support research and national capacity-building in all areas of reproductive health. An amount of $16 million is proposed to support activities related to RH/FP, of which $3 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

32. The IEC component of the programme is designed to fully support and contribute to the achievement of the objectives listed above in the area of RH/FP. The focus of interventions would be on: (a) increasing awareness, knowledge and understanding at all levels of society of RH/FP and related population issues; (b) encouraging the increasing and informed demand for child-spacing services and raising people's awareness of the risks and dangers associated with induced abortion; and (c) enhancing the ability of couples and individuals to exercise their basic right to decide freely and responsibly the number and spacing of their children and make available the information, education and means to do so.

33. The following activities are proposed for the IEC programme: (a) training of primary service providers and paramedical staff in the health rationale of birth-spacing and modern contraception and in interpersonal communication and counselling skills and providing them with relevant up-to-date information; (b) training and selected interventions to strengthen the mass media in providing current and accurate information on population issues; (c) awareness-raising seminars and workshops for national

policy makers and opinion leaders (i.e., parliamentarians, and political and religious leaders), service providers, women of reproductive age, adolescents and youth; and (d) technical advisory services for the formulation of national IEC strategies in support of national population objectives. A total of $5 million is proposed for population IEC activities, $2 million of which would be sought from other resources, including multi-bilateral sources.

Programme support

34. Only limited support is proposed for population policy formulation, data collection and analysis, and women, population and development activities.

35. Population policy formulation. Given that all six countries have already initiated procedures to formulate population policies, UNFPA proposes to provide mainly technical support that would help ensure that the policies formulated are comprehensive and that corresponding action plans are effective. Resources would be allocated for activities to which the Governments are already committed, or where an explicitly perceived need exists and where international cooperation would be appropriate and feasible. To this end a total amount of $400,000 is being proposed.

36. Women, population and development. In spite of the fact that social indicators for women, such as access to education, employment and health services, are very good in the countries of the region, women's concerns are at the core of the entire programme. Continued reliance upon abortion and the unavailability of safe modern contraception lead to serious health consequences, including anaemia, infertility, other diseases and even death. Frequent abortions deplete the strength of women and threaten their health and well-being, and reduce their productive role within the family and community. The programme is designed to ensure that family planning services are delivered with a view to meeting the concerns of women rather than those of service providers. As emphasized earlier, this programme is focused mainly on issues of reproductive health and related IEC activities. Given that substantial inputs will be provided within this context, only $200,000 is being specifically earmarked for the area of women, population and development, mainly for strengthening the capacity of national statistical services in gender-specific data collection, analysis, interpretation and dissemination.

37. Data collection and analysis. The countries themselves and the international community recognize that the statistical systems need to be extensively revised and reorganized. Demographic statistics should be overhauled as part of an integrated initiative along with other sectors, an undertaking that is already on the agenda of UNDP and the World Bank. Therefore, no specific support is being proposed for this major undertaking. However, $400,000 is proposed for training in demographic data collection and analysis and for technical advisory services, which would be provided mainly through the UNFPA Country Support Team and the United Nations.

Programme reserve

38. A reserve of $1 million would be set aside from UNFPA's regular resources to meet unforeseen needs that may arise during the period of the proposed programme.

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Programme management and coordination

39. The overall management and coordination of the programme rest with the UNDP Resident Representatives (who are also the UNFPA Representatives) in the respective countries. The coordination of the population programmes at the national level will be primarily the responsibility of the respective Governments. It is proposed that an internationally recruited Regional Technical Adviser be based in the region, who would divide his/her time among the countries. The Regional Technical Adviser would assist in examining priority areas for technical collaboration with each of the Governments and would ensure coordination with other United Nations entities, bilateral agencies and international NGOs in the field of population. The Regional Technical Adviser would also manage the administrative and financial operations required for the implementation of the UNFPA programme. National project officers would be recruited in each of the six countries in order to assist in implementing and administering the UNFPA-supported programme. The Regional Technical Adviser will be stationed in Tashkent, Uzbekistan, which would be considered a UNFPA subregional office.

40. UNFPA would promote close coordination through continued dialogue with other United Nations agencies and organizations, the World Bank, and major bilateral donors such as the United States of America and Germany, among others. Substantive collaboration would be sought with UNICEF on health-related issues and with UNDP on integrated development planning and policy formulation. Furthermore, UNFPA would assist bilateral donors in identifying and facilitating opportunities for population assistance. The programme components would be executed with the assistance of United Nations specialized agencies and international NGOs.

Programme monitoring and evaluation

41. The proposed programme would be monitored in compliance with current UNFPA procedures. A technical review of programme implementation would be undertaken at the end of 1995, and a programme evaluation would be conducted before the end of 1997. To the extent possible, this would coincide with reviews of related programmes of UNFPA's partners in the Joint Consultative Group on Policy (JCGP). UNFPA would make full use of available national and regional technical expertise. This would be complemented by the multi-disciplinary Country Support Team based in Kathmandu. This team would be the main source of technical services at all stages of programme implementation.

Financial summary

42. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $23 million over the three-year period 1995-1997, of which $18 million would be programmed from UNFPA's regular resources, and the remainder would be sought from other sources, including multi-bilateral sources. Approximately $4 million of this total amount has been expended on preparatory programme activities (see para. 23). The following table shows how the programme would accommodate these two levels of funding.

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	UNFPA regular resources $	Other resources $	Total $
Reproductive health and family planning	13,000,000	3,000,000	16,000,000
Information, education and communication	3,000,000	2,000,000	5,000,000
Data collection and analysis	400,000	--	400,000
Population policy formulation	400,000	--	400,000
Women, population and development	200,000	--	200,000
Programme reserve	1,000,000	--	1,000,000
TOTAL	18,000,000	5,000,000	23,000,000

V. RECOMMENDATION

43. The Executive Director recommends that the Executive Board approve the programme for Azerbaijan, Kazakhstan, Kyrgyzstan, Turkmenistan, Tajikistan and Uzbekistan as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Republic of Sudan
Support for an interim population programme

Proposed UNFPA assistance:	$6.5 million
Estimated value of the Government's contribution:	To be determined
Duration:	Two years
Estimated starting date:	January 1995
Executing agencies:	Government of Sudan United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Finance

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Sudan

Demographic facts

Population (000)		Average annual change (000)	
Total	28,098	Population increase	796
Males	14,106	Births	1,154
Females	13,992	Deaths	358
Sex ratio (/100 females)	100.8	Net migration	0
Urban	6,915	Annual population total (% growth)	2.65
Rural	21,183	Urban	4.69
Per cent urban	24.6	Rural	1.94
Population in year 2000 (000)	32,079	Crude birth rate (/1000)	38.4
Functional age groups (%)		Crude death rate (/1000)	11.9
Young child: 0-4	16.8	Net migration rate (/1000)	0.0
Child: 5-14	27.0	Total fertility rate (/woman)	5.37
Youth: 15-24	19.7	Contraceptive prevalence rate (% 15-44)	5
Elderly: 60+	4.7	Gross reproduction rate (/woman)	2.83
65+	2.9	Net reproduction rate (/woman)	2.08
Percentage of women aged 15-49	46.2	Infant mortality rate (/1000)	71
Median age (years)	17.8	Maternal mortality rate (/100,000)	660
Dependency ratios: total	87.7	Life expectancy at birth (years)	
(/100) Aged 0-14	82.2	Males	53.6
Aged 65+	5.5	Females	56.4
Agricultural population density (/hectare of arable land)	1.2	Both sexes	55.0
Population density (/sq. km.)	11.0	GNP per capita (U.S. dollars, 1992)	..

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1994. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support an interim programme in the amount of $6.5 million, over a two-year period starting January 1995, to assist the Government of Sudan in achieving its population and development objectives. The proposed programme would follow a previous interim programme for 1992-1993, which was extended through 1994. It would prepare the groundwork for a comprehensive programme designed to start in January 1997.

2. Owing to the economic, environmental and socio-political problems facing the country and in line with the Government's short-term planning strategy, the proposed UNFPA programme is designed to be an interim one, covering a period of two years. The proposed UNFPA programme takes into account: (a) the country's priorities as identified in the Comprehensive National Strategy Plan (1992-2002); (b) the recommendations of the Fourth National Population Conference conducted in May 1994; (c) the recommendations of the external sectoral review and project identification mission undertaken in August 1994; (d) the outcome of meetings and consultations with representatives of the Government, non-governmental organizations (NGOs), United Nations agencies and others active in the population field; and (e) the Government's decentralization policy, which has divided Sudan into 26 states to replace the previous configuration of 9 states.

3. The proposed interim programme is designed to lead into the third programme cycle, which will be prepared in 1996 on the basis of the Programme Review and Strategy Development (PRSD) mission scheduled for 1995. In light of General Assembly resolution 47/199 on the formulation of the country strategy note, the third country programme for Sudan will be carried out over the period 1997-2001 in order to synchronize its programme cycle with those of UNICEF and UNDP and with the Government's Comprehensive National Strategy Plan.

4. The primary objective of the proposed interim programme is to extend integrated reproductive health and family planning (RH/FP) services and information to poor and disadvantaged segments of the population in order to, among other things: (a) reduce maternal and child mortality; (b) combat the spread of sexually-transmitted diseases (STDs), including HIV/AIDS; and (c) discourage harmful traditional practices against women and girls.

5. Sudan is the largest country in Africa in terms of area. According to the 1993 census, it has a population of some 25 million, which is expanding rapidly at the rate of 2.9 per cent a year. The country cannot sustain such a rate of increase. It is still embroiled in a civil war between the northern and southern parts of the country, and there are severe economic problems, including large deficits in both the budget and balance of payments. Of longer term significance, there are serious environmental problems including deforestation and desertification. Despite these conditions, the Government feels that the overall rate of population growth is not a problem, but it does feel that the rates of maternal and infant mortality are too high, and it wishes to reduce migration from rural to urban areas. One of the priorities of the proposed programme is to set up the National Population Council, whose establishment was agreed upon by the Government in May 1994 and which will function under the patronage of the President and under the chairmanship of the Minister of Social Planning. The

National Population Council will work to integrate population variables into the country's development planning.

6. In light of the widespread unmet need and the limited resources available, UNFPA proposes to continue the work of its previous interim programme by concentrating its efforts in the eastern region of the country (recently transformed from one state into three states) and in refugee camps outside of Khartoum as well as in the organized labour sector in Khartoum. Emphasis would be focused on RH/FP activities channeled through the Sudan Family Planning Association and the Ministry of Health. In addition, the Fund would work closely with Ahfad University for Women and the Government in trying to eradicate harmful traditional practices against women (e.g., female genital mutilation) that are damaging to the reproductive health of women.

II. BACKGROUND

7. Sudan is the largest country in Africa, covering a surface area of nearly 2.5 million square kilometres. The country is characterized by diversity both in its ecology, which ranges from tropical forests to arid deserts, and in its population, which is composed of 600 ethnic and tribal groups speaking over a 100 languages. Most of the population in the northern, eastern and western parts of the country are Arabic-speaking Muslims, while the inhabitants of the south are mainly Christians.

8. Demographic trends. According to the 1993 census, Sudan's population is estimated at 25 million, 78 per cent of which is rural and 22 per cent urban. The population is increasing rapidly at about 2.9 per cent a year. (For United Nations estimates, see page 2.) The growth rate in urban areas (4.6 per cent) is almost twice that in rural areas (2.4 per cent), reflecting the high rate of rural-to-urban migration. Although the overall population density is low (10 persons per square kilometre), about 30 per cent of the land is desert. The displacement of people resulting from droughts, desertification and insurgency is a major concern to the Government.

9. High fertility is the main factor in the rapid growth of the country's population: The crude birth rate, according to the United Nations, is estimated at 38.4 per 1,000 and the total fertility rate at 5.4 births per woman. According to the 1989/1990 Demographic Health Survey, more than 26 per cent of currently married women want no more children. However, only 9 per cent of them are using any contraceptive method. About 45 per cent of the population is under the age of 15. Mortality, though falling, is still high: The estimated crude death rate is 14.4 per 1,000, and the life expectancy at birth is 50.6 years for males and 53.0 years for females. The infant mortality rate, estimated at 99 per 1,000 live births, is also high. Of great concern to the Government is the maternal mortality rate, which, at 660 per 100,000 live births, is among the highest in the world. Seventy-three per cent of the population is illiterate, and this rate is considerably higher among females (88 per cent). The combined enrolment in primary and secondary education is 36 per cent of school-age children. Only 50 per cent of the population has access to health services and to safe water.

10. With a per capita income of $330 a year, Sudan is classified as a least developed country. The Sudanese economy suffers from deficits in the budget and in the balance of payments. According to

the Central Bank of Sudan, the current deficit in the balance of payments is $548.8 million compared to a deficit of $216.3 million in 1991.

11. The decline in the economy has been manifested in many aspects of economic and social life. Unemployment is high; the standard of living is low; and the physical infrastructure of roads, transport, communications and energy have deteriorated due to lack of maintenance and spare parts. The Government initiated a three-year National Economic Salvation Programme (1990-1993) to reform the economy through measures such as abolishing import licensing, floating the Sudanese pound and removing currency exchange controls. The exchange rate is now fixed by commercial banks on a daily basis. The value of the Sudanese pound has depreciated from LS 90 per U.S. dollar in February 1992 to LS 393 per U.S. dollar in October 1994. The inflation rate exceeded 100 per cent during the first three quarters of 1994.

12. Desertification is a major constraint to development in the Sudan. It particularly affects agricultural development in the northern half of the country where over half of the population lives. Deforestation (growing at the alarming rate of 104,000 hectares per year), inadequate sewage treatment and contamination of land and water are other serious environmental concerns.

13. The Government considers the rates of population growth and fertility as acceptable, but it considers the mortality rates and the levels of internal migration to be too high and unacceptable. The Government is also concerned about the country's distribution of population. It therefore wishes to address these issues within the context of its population policy, which was enacted in May 1994. The Government has accepted the need for increased duration of breast feeding; the adoption of modern family planning methods as a means of improving the health of mothers and children; and the desire to upgrade women's participation in economic activities and occupation of high-level government positions. The Government also endorsed the recommendations of the National Population Conference to establish a National Population Council under the patronage of the President and chaired by the Minister of Social Development.

14. Among the Government's specific health targets (as defined in the Comprehensive National Strategy Plan) are to reduce maternal and infant mortality rates by 50 per cent and 33 per cent, respectively, between 1992 and 2000, and to provide access to family planning services for all couples who want them so as to decrease the incidence of unwanted, frequent or high-risk pregnancies. Emphasis on primary health care, training of traditional birth attendants (TBAs) and eradication of harmful practices against women are key elements in the Government's health strategy. A Maternal and Child Health and Family Planning Directorate was established in 1985 under the Primary Health Care Directorate of the Ministry of Health to provide reproductive health and family planning services. Although the Government did not participate in the International Conference on Population and Development (ICPD), its health targets are in line with those of the ICPD Programme of Action.

III. LESSONS LEARNED

15. Sudan is a UNFPA priority country. Based on the recommendations of the Fund's 1978 Basic Needs Assessment mission, the first country programme (1980-1985) was approved in the amount of $7.1 million, of which $6 million was spent. Prior to that, UNFPA had provided $1.7 million on a project-by-project basis. Expenditures for 1986, the interim year between the end of the first programme and the start of the second country programme, amounted to $1.37 million. The second country programme (1987-1991), approved in the amount of $8 million, was based on the findings and recommendations of the Fund's 1985 Basic Needs Assessment mission. An additional $300,000 was allocated in 1989 in response to the emergency situation created by floods in the country. Expenditures during 1987-1990 amounted to $7.8 million; expenditures for 1991 amounted to $1.2 million. The interim country programme (1992-1993), which was approved in the amount of $5.5 million, was extended to the end of 1994 due to a low implementation rate (52 per cent). Total expenditures at the end of 1994 are estimated at $5 million.

16. Several factors contributed to the slow implementation of the programme: the decline in the economy; severe institutional, administrative and logistical constraints; the effect of natural and environmental disasters (floods, desertification and deforestation); the war in the South; frequent changes among project staff who have been assigned to the newly-established states under the Government's decentralization policy; and delays in procurement of equipment and lack of timely financial reporting by executing agencies.

17. Despite this relatively slow implementation rate, the interim country programme for 1992-1993 and the project-by-project extension in 1994 succeeded in varying degrees in strengthening national institutions dealing with population issues and in providing major support for data collection and analysis and training in the area of population. Other United Nations agencies, NGOs and government institutions were among the users of the population data collected and analysed under UNFPA-supported projects.

18. The interim country programme succeeded in increasing government and public awareness of, and attention to, population issues, in particular to the interrelationship between population and development. UNFPA's support also resulted in improved reproductive health and family planning services through, among other things, the training of paramedical staff, especially village midwives and TBAs, and the integration of training on STDs, including HIV/AIDS, into the training programme of service providers. In the period 1992-1994, UNFPA was the major supplier of contraceptives to Sudan, as bilateral donors stopped providing assistance to the country. UNFPA support helped to complete successfully the 1993 Population and Housing Census and to produce and publish advance tabulations for the six northern states, and to train staff. UNFPA assistance helped to establish a database on human resources, to introduce population education into schools and in out-of-school settings, to disseminate population information to various parts of the country, to enhance women's management and marketing skills and to raise their incomes.

19. Under the interim country programme and its extension, RH/FP activities continued to be a priority for UNFPA assistance, with more than 40 per cent of the total funds allocated to this sector.

UNFPA assistance was provided to improve maternal and child health and family planning (MCH/FP) activities in Eastern State, which is a Government priority area, as well as to displaced people around Khartoum. However, implementation of the MCH/FP activities in Eastern State was delayed due to difficulties in identifying an executing agency and lack of supporting activities. UNFPA assistance helped to raise awareness of MCH/FP among women of reproductive age and to train health workers, including village midwives and TBAs, in the provision of MCH/FP services in Bara Province of Northern Kordofan State. UNFPA supported the National AIDS Control Programme through training of service providers and the provision of awareness-creation materials. The programme succeeded in training paramedical staff, providing equipment and distributing contraceptive supplies.

20. UNFPA assisted three activities in raising awareness of population problems and one in integrating population education into the curricula of the school system. The first was directed towards a census publicity campaign and awareness of population issues for the general public; the second was to develop interpersonal communication skills among selected factory workers to enable them to act as family planning motivators and to disseminate information on health and family planning to the organized labour sector; the third was directed at conducting national and regional media campaigns to promote the benefits of family planning, breast feeding, and balanced nutrition and to discourage harmful traditional practices such as female circumcision. The fourth activity attempted to extend population education to teachers' training colleges and universities and to the general public. However, population education is not yet fully integrated into the curricula of schools and colleges owing primarily to frequent changes in school curricula.

21. During the previous programme, UNFPA supported three activities to collect, process and analyse population data. The first activity was in support of the 1993 Population and Housing Census covering all aspects of the census operations, training of enumerators and data processors, and preliminary analysis of the findings. The enumeration phase was successfully completed by 15 April 1993, and the provisional results were announced on 15 June 1993. The census was also successful in producing and publishing advance tabulations for the six northern states based on the 10 per cent sample of urban households and 5 per cent sample of rural households. These data were widely used by different United Nations agencies, government institutions and NGOs. The project was also effective in providing up-to-date data for the National Population Conference held in Khartoum in May 1994. The second activity aimed at collecting special data and establishing a database at the Ministry of Labour and Administrative Reform on labour migration. The Central Bureau of Statistics assisted in conducting the survey on migration and the labour force and in producing six analytical papers on the impact of migration and labour-force mobility on the country's development plans. The implementation of this activity has contributed to building up the national capacity to design surveys, collect information on labour migration and undertake related research studies. The third activity, which sought to institutionalize population training and research at the University of Gezira, succeeded in introducing an undergraduate programme in demography. A Master's programme was approved in September 1994.

22. In the interim programme, UNFPA provided support to the Department of Technical Assistance at the Ministry of Economic Planning and Investment (MEPI) through two activities: the first, to formulate a sound population policy and plan of action; and the second, to integrate population

variables into government development planning. Under the first activity, the Fourth National Population Conference, held in May 1994, recommended that a National Population Council be established under the patronage of the President of Sudan and the chairmanship of the Minister of Social Planning. The second activity, although successful in undertaking relevant policy studies, organizing regional seminars and training staff of the Ministry of Economic Planning and Investment, fell short of making population factors an integral part of development planning.

23. In the interim country programme, UNFPA assisted in providing training through Ahfad University for Women to prepare women for senior posts in the areas of health and population. UNFPA succeeded in establishing a Unit for Women's Studies and Population at Ahfad University for Women at the undergraduate level. This unit achieved success beyond expectations in sensitizing students and others to population and gender issues and in training university staff, who then participated as consultants in the execution of UNFPA-supported activities.

24. UNFPA also succeeded in establishing and equipping two training centres for women in two villages; bringing together higher educational institutions dealing with women, population and development in a special workshop on developing curricula for women's studies in Sudan; and providing a training package on literacy, family planning, home economics, handcraft and sewing to more than 1,000 women. In 1994, UNFPA started an activity to assist the Ministry of Social Planning in setting up a functional women's centre in each of 25 villages south of Shendi town on the east bank of the Nile, north of Khartoum. Baseline and market studies were undertaken, women's committees were formed, and village centres were identified and are now undertaking training in income-generating activities. The implementation of the project was delayed due to high turnover among project staff and difficulties in recruiting a United Nations Volunteer. Another activity that was also initiated in 1994 aims at assisting the General Directorate of Youth Training and Rehabilitation in promoting the status of women in the displaced persons camp of Hay Baraka, north of Khartoum. It has succeeded in establishing a training centre for women that includes training facilities for income-generating activities, a kindergarten and a health clinic.

IV. PROPOSED PROGRAMME 1995-1996

25. Specific objectives of the programme. The proposed programme seeks to continue to provide reproductive health and family planning services to the poor and rural populations of eastern region (Kassal, Gadarif and Port Sudan States) and of Bara Province of Northern Kordofan State and to displaced women around Khartoum. A key objective of the programme would be to support government efforts to eradicate harmful traditional practices against women, particularly female genital mutilation, and to sensitize the public to the consequences of such practices. UNFPA would support closely interrelated RH/FP, IEC and women, population and development (WPD) activities in coordination with the Area Development Scheme, which is a multi-donor rural-development programme coordinated by UNDP. The Fund would also continue to provide support to the National AIDS Control Programme to combat the spread of STDs, including HIV/AIDS, by strengthening the institutional capacity of the Ministry of Health in managing, administering and implementing preventive measures.

26. In addition, the programme would seek to: (a) integrate reproductive health and family planning information, education and communication activities into RH/FP services; (b) create awareness about population issues among parliamentarians and policy makers; (c) help integrate population education into the curricula of basic and secondary schools, teachers' training institutes and literacy programmes; (d) strengthen the national capacity to collect, analyse, disseminate and effectively use population data; (e) assist in establishing the National Population Council and in formulating a Master Plan of Action to translate population policy directions into action; and (f) promote the empowerment of women by helping to improve their health, economic and literacy status.

27. Programme strategy. The proposed programme would focus on reproductive health and family planning. The other areas of the programme would be formulated in such a way as to support and complement the RH/FP activities. Information disseminated through the mass media and interpersonal communication channels would be designed to create awareness and promote favourable attitudes towards reproductive health and family planning methods and to discourage harmful traditional practices. The census and survey data on levels of fertility, maternal and infant mortality and morbidity and contraceptive prevalence rates would be used to guide reproductive health and family planning activities. Population research and gender-related studies undertaken by Gezira University and the Ahfad University for Women would address reproductive health and family planning issues and would be utilized in the design of programme activities.

28. While reproductive health and family planning constitutes the main thrust of the programme, efforts would be made to maintain coherence among the various sectors of the programme so that they would reinforce one another. For instance, the flow of data collected and analysed would assist in identifying the various target audiences for the programme's IEC activities. Similarly, mass-media and interpersonal communications channels would be used to disseminate the findings of the census and other surveys. Also, data disaggregated by gender would be used by women's research institutes, such as Ahfad University for Women, in undertaking studies on women, population and development, which would in turn be used by population policy institutes to formulate a policy on women.

29. The proposed programme would concentrate on building the capacity of government institutions, NGOs and population research centres at the national and state level. The programme would aim to enhance the capabilities of the Ministry of Health and the Sudan Family Planning Association (SFPA) in providing reproductive health and family planning services, in training health cadres and in establishing and running an efficient logistical system for contraceptive supply, management and distribution. The capacity of Ahfad University for Women, Gezira University and the Central Bureau of Statistics in undertaking population-related research would also be enhanced. An important aim of the strategy would be to improve the ability of the National Population, Information and Communication Centre of the Ministry of Culture and Information to disseminate information in support of various population activities and to help the Ministry of Finance to integrate population variables into its planning activities.

30. The proposed interim programme would also consolidate and complement on-going activities including those supported by other United Nations agencies and organizations. It would revise on-going activities, whenever needed, and extend support to more successful activities. The activities would be

undertaken at both the national and state levels in order to maximize the number of people benefiting from the programme. Although the partners of the Joint Consultative Group on Policy (JCGP) plan to harmonize their programme cycles beginning in 1997, the UNFPA field office in Sudan will strive to strengthen interagency collaboration and coordination during the proposed interim programme.

31. Building on the experience of previous population activities, UNFPA would work to improve programme design, management, monitoring and evaluation by carrying out extensive backstopping missions and by training national staff in UNFPA's financial regulations and programme management procedures. The programme would work to find ways to increase national execution of activities and to strengthen collaboration and coordination with the related activities of other United Nations agencies.

32. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) which was endorsed by the General Assembly through its resolution 49/128; that is, that human beings are at the centre of concerns for sustainable development (principle 2 of the Programme of Action); that population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of the life of all people (principle 5); that advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes (principle 4); that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (principle 8); that reproductive health-care programmes should provide the widest range of services without any form of coercion (principle 8); and that the principle of informed free choice is essential to the long-term success of family-planning programmes; that any form of coercion has no part to play; that governmental goals for family planning should be defined in terms of unmet needs for information and services; and that demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients (chap. VII, para. 12 of the Programme of Action).

Programme activities

33. Reproductive health and family planning. The proposed programme would employ a four-pronged approach in this area: (a) strengthen the capacity of the Sudan Family Planning Association to provide reproductive health and family planning services; (b) support labour unions in providing reproductive health and family planning services through MCH/FP clinics and in creating awareness among workers in the organized sector in Khartoum; (c) support government efforts to eradicate harmful traditional practices against women; and (d) continue to provide reproductive health and family planning services to the poor and rural populations of the three states in the eastern region, Northern Kordofan State and to displaced women around Khartoum and to provide support for RH/FP services within the context of the Area Development Scheme coordinated by UNDP. UNFPA would provide $3.1 million for activities in the area of reproductive health and family planning.

34. UNFPA would continue to provide assistance to the Sudan Family Planning Association, the leading NGO in the field of reproductive health and family planning, to strengthen and upgrade its capacity to provide RH/FP services. The programme would seek to strengthen the SFPA's existing reproductive health and family planning facilities and services by training medical personnel, improving the managerial skills of health system managers, enhancing the collection and analysis of health and family planning statistics, developing a management information system (MIS) in the area of contraceptive supply, and strengthening family planning information activities and service delivery.

35. Harmful traditional practices, especially female genital mutilation, constitute a major health problem in Sudan. It is estimated that more than 90 per cent of girls are circumcised. The health consequences of these practices are fully documented, and it is the Government's policy to eradicate female genital mutilation. UNFPA would thus continue its support to Ahfad University for Women to institutionalize a sustained and integrated programme of reproductive health care that includes the eradication of such harmful practices. The Fund would also support sensitization activities to help bring about positive changes in attitude and behaviour towards efforts to reduce harmful traditional practices and to promote reproductive health and family planning practices and services.

36. Contraceptive requirements. UNFPA has been the major supplier of contraceptives to Sudan since 1992. The Fund would continue to provide Sudan with contraceptives to meet its national needs during the course of the proposed interim programme, earmarking $2 million of the $3.1 million allocated to the RH/FP sector for this purpose. To ensure continuity of supplies and to facilitate needed logistical arrangements for distribution, it is important to monitor trends and projections in the consumption of different types of contraceptives. To meet the expected growth of contraceptives needs, the Ministry of Health has proposed establishing a Family Planning Commodities Committee involving concerned government officials, NGOs and UNFPA. UNFPA would support fielding an adviser to help the Committee review current patterns of contraceptive supply and improve their storage and management. Especially important would be the development and maintenance of a management information system for an efficient supply, distribution and accounting of contraceptives.

37. Information, education and communication. UNFPA would continue its assistance to the National Population, Information and Communication Centre at the Ministry of Culture and Information to conduct mass media campaigns at the national and state level in support of the proposed programme's reproductive health and family planning activities. Such campaigns would also focus on preventive reproductive health care, in particular as concerns HIV/AIDS, and seek to create awareness about traditional harmful practices against women. The Fund would also continue to support activities initiated in the previous programme to promote awareness of family planning among factory workers and their families in Khartoum.

38. In light of the restructuring of the educational system in Sudan, UNFPA would help the Ministry of Education evaluate previous population education activities and curricula materials and adjust the population education concepts, terminology and modules to fit within the framework of the new educational system. A total of $500,000 would be devoted to IEC activities.

39. Data collection and analysis. UNFPA would provide support to analyse, disseminate and utilize data collected during the previous interim programme and to strengthen the national institutional capacity in the area of data collection and analysis. This support would include four activities. The first would complement the work of the 1993 Population and Housing Census by completing the data processing, tabulation, analysis and dissemination of census results. Special reports on data evaluation, projections and policy-related studies would be prepared. The second activity would seek to strengthen the national capacity to make better use of data and to integrate population variables into development planning. Key activities would be to train the statisticians of the Central Bureau of Statistics (CBS) and other concerned ministries in the use of demographic techniques and micro-computer software packages; to organize training seminars and workshops on special topics for planners and policy makers; and to establish a computerized database for micro-level planning. The third activity would be designed to help the Population Study Centre at Gezira University institutionalize the Master's programme in demography. The fourth activity would focus on strengthening the database of the Ministry of Labour Migration and Administrative Reform on labour migration and refugees. UNFPA would provide a total of $1.2 million for these activities.

40. Women, population and development. UNFPA would continue to support activities initiated in 1994 that aim at improving the health, literacy and economic status of women in rural areas and in the refugee area of Hay Baraka, in collaboration with Ahfad University for Women, the Ministry of Social Planning and the German Development Service. UNFPA would provide assistance for strengthening the capacity of universities and government institutions dealing with women's issues to enable them, among others things, to produce training packages for women at the grass-roots level and to conduct research on women's issues. UNFPA would continue to ensure that gender considerations are incorporated into all population activities. UNFPA proposes to provide $500,000 to activities in this area.

41. Population policy formulation. UNFPA would provide technical assistance in establishing the proposed National Population Council and its supporting bodies and would help to develop a master plan of action to guide its work. The Fund would also provide assistance to the Ministry of Finance to undertake research and policy-formulation activities to ensure the effective use of human resources and to facilitate the integration of population variables into development planning. The prospects for success in these activities are greater than in the past primarily due to the Government's increased commitment to population issues, as reflected in its endorsement for the establishment of the proposed National Population Council. UNFPA would provide a total of $500,000 for activities in this area.

Programme implementation

42. The proposed interim programme would be implemented by the concerned government institutions, NGOs and the Population and Women Studies Centres of Gezira University and Ahfad University for Women. The Ministry of Finance, the Central Bureau of Statistics and the Ministry of Labour Migration and Administrative Reform would implement activities related to the analysis of the census and survey data; establishment of databases on labour migration and undertaking of policy-related studies. The Ministry of Social Planning would be responsible for the establishment of the National Population Council and development of the Master Plan of Action to guide the Council's

policy directions. The Ministry of Health and the Sudan Family Planning Association would implement proposed reproductive health and family planning activities, including those designed to combat the spread of STDs and HIV/AIDS. Ahfad University for Women would implement the integrated programme to eradicate harmful traditional practices and provide reproductive health care and would continue to conduct gender-related studies. The National Population, Information and Communication Centre of the Ministry of Culture and Information would be in charge of the dissemination of information in support of various population-related activities.

Non-governmental organizations

43. NGOs have been actively involved in the implementation of UNFPA-supported activities in Sudan in the areas of reproductive health and family planning and of IEC. They have contributed to the provision of clinical family planning services, the distribution of contraceptives and the dissemination of knowledge and information about Safe Motherhood and child-spacing. Under the 1995-1996 interim country programme, UNFPA would extend assistance to NGOs to help them, inter alia, train their health and administrative staff, upgrade their organizational and managerial structures, and strengthen their logistical systems. This would enable NGOs to expand their geographical coverage, improve the quality of the reproductive health and family planning services they provide, and contribute more effectively to the achievement of the Government's ambitious health goals as articulated in the Comprehensive National Strategy Plan for 1992-2002. UNFPA proposes to provide $200,000 to help NGOs carry out activities in these areas, particularly those of the Sudan Family Planning Association.

Emergency assistance

44. UNFPA has set aside an amount of $300,000 in order to provide assistance for RH/FP and related activities in emergency situations that may arise as a result of internal conflicts and large-scale emergency operations under way in the country.

Programme reserve

45. An amount of $200,000 would be set aside as a programme reserve to allow for any unforeseen activities that may arise during the period of the proposed interim programme. Several national project posts necessary for the successful implementation of this programme would be charged against the reserve.

Programme coordination

46. The Ministry of Finance is the government agency responsible for coordination of population and development programmes in Sudan, while the proposed National Population Council would seek to strengthen coordination and follow-up mechanisms in the field of population. UNFPA would work closely with the Ministry of Finance, the National Population Council and other concerned ministries and government departments in matters related to programme formulation, coordination, execution and management. In the proposed interim programme, UNFPA would continue its close cooperation with NGOs, such as Care International and the Sudan Family Planning Association as well as with the

German Development Service and the German Agency for Technical Cooperation. UNFPA would harmonize its programme with those of its partner organizations in the JCGP in the next cycle starting in January 1997.

Programme monitoring, evaluation and management

47. All country programme activities would have built-in monitoring and evaluation components. In addition, all activities would be subject to standard progress reports, monitoring field visits, and review meetings. UNFPA would make full use of available and appropriate national technical assistance, complemented by the UNFPA Country Support Team located in Amman, Jordan. A Programme Review and Strategy Development (PRSD) exercise is planned for 1995 to review work accomplished to date and to recommend the scope and nature of the next country programme for the period 1997-2001.

Financial summary

48. As indicated in paragraph 1 above, UNFPA would provide assistance over the two-year period, 1995-1996, in an amount of $6,500,000 from its regular resources.

	UNFPA regular resources $
Reproductive health and family planning	3,100,000
Information, education and communication	500,000
Data collection and analysis	1,200,000
Population policy formulation	500,000
Women, population and development	500,000
Non-governmental organizations	200,000
Emergency assistance	300,000
Programme reserve	200,000
Total	6,500,000

V. RECOMMENDATION

49. The Executive Director recommends that the Executive Board approve the programme for Sudan as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

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